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Pulmonary Tuberculosis

BY FRED H. HEISE, M.D.

NOT many years ago, pulmonary tuberculosis headed the list of causes of deaths. Although it is now in fifth place, it nevertheless merits attention, for a lack of persistence in the fight against it may mean increased frequency, although modern hygienic, social and economic living conditions reduce this danger considerably.

Almost all pulmonary tuberculosis is caused by the tubercle bacillus of the human type; only rarely has the bovine bacillus been found the exciting cause. In children, however, bone and joint and glandular tuberculosis, meningitis, and in adults as well, skin tuberculosis, are frequently caused by the bovine strain. Milk and its products form the commonest medium for the transfer of the disease from tuberculous cattle to man, the bacilli having egress through a tuberculous udder.

How Tuberculosis Is Acquired

THE transfer of tuberculosis from one human being to another is brought about by the cough and expectoration principally, although contamination with discharges from tuberculous bone and gland disease, and perhaps feces, may occur. Tiny droplets of moisture coughed into the air may be inhaled. These droplets, when coughed by an individual whose sputum contains the bacilli, are often laden with tubercle bacilli. The sputum of the tuberculous may at any time contain tubercle bacilli. When this sputum dries, it becomes dust and as such may be wafted by air currents and may be inhaled as were the droplets from cough. Coughing into the hands or expectorating into handkerchiefs may contaminate the hands and lead to contamination of the objects handled and to infection of another individual who handles those objects. Tubercle bacilli upon the hands are sooner or later brought to the mouth, especially in childhood, and thus infection with human tubercle bacilli by means of the gastro-intestinal tract may result. Most pulmonary tuberculosis, it is now thought, is brought about by the inhalation method. Prevention of tuberculosis, therefore, as with all infectious respiratory diseases, depends very largely upon the proper control of the cough and the proper care and disposal of the infectious sputum.

Tuberculin Test and Infection

WHEN does infection first occur? The tuberculin skin test helps us to answer this question. If tuberculin is injected in sufficient concentration in the skin of an individual infected with tubercle bacilli, at some near or remote date it produces redness and usually

swelling. An individual once infected with tubercle bacilli, even though he has never suffered clinically from the disease, will react for a long period to tuberculin thus administered, unless some devitalizing influence is at work as, for instance, in the last stages of tuberculosis, or unless some other infectious disease like measles, smallpox or influenza is present. Recent work seems to indicate that in children this sensitiveness to tuberculin wanes as the years go by, and is finally lost. However, in children, an increasing frequency of positive reactions has been found with advancing years, so that at the age of fourteen, from 40 to 70 per cent of all children are shown to have had previous tubercle bacillus infection. Later in life, i.e., after the fourteenth year, a higher percentage of reactions occurs; for which reason we conclude that infection must also occur at later ages of life.

Progress of the Disease

IT is believed that the first infection located within the lung substance is drained by lymphatics to the tracheobronchial glands located at the root of the lungs. The resultant lung lesion, together with this glandular lesion, represents the "primary complex." When the original or primary focus in the lung heals, lime salts are deposited in it and the deposit may be detected in the x-ray films. Not all primary lesions, however, occur in the lung; some occur in the intestinal or mesenteric glands and elsewhere. If the primary focus does not heal, progressive disease is the result.

Infection in Infancy and Childhood

TUBERCULOSIS is a serious disease among infants. In New York City, in 1923, the tuberculosis death rate for children under fifteen was only 33 per 100,000; while for infants, the rate was 94 per 100,000. Meningitis is the cause of death in the majority under one year (51 per 100,000) whereas pulmonary tuberculosis caused death in considerably less (22 per 100,000.) Other forms of tuberculosis; e.g., bones and joints, had a death rate of 16 per 100,000.[1] However, even in this period of life many who are infected recover. Drolet states that tuberculin sensitiveness is found in from 10 to 12 per cent of all infants under one year in New York City and in some sections in as high as 25 per cent. This would mean that there were about 13,000 children infected at the period of observation, yet the reported deaths from all forms of tuberculosis occurring during the first year of life for the same period was only 122.

From the figures of Drolet[2] it seems to make little difference whether a history of tuberculosis in the parents could be obtained or not. Thus the percentage of infection as evidenced by the tuberculin test among 1,234 children from one to fourteen years of age whose parents gave a history of tuberculosis, was about the same as among 461 children of the same ages in whose families no history of tuberculosis could be obtained. On the other hand, other authors have found a greater incidence of tuberculin reactors in the families of tuberculous parents or immediate relatives.

Due undoubtedly to stringent regulations regarding milk pasteurization in New York City, the incidence of bovine infection has fallen so much in recent years as to be almost negligible. In former years about one-half of all tuberculous neck glands were due to bovine infection and in 1925, only six of fifty such glands examined revealed bovine bacilli and five of these had lived elsewhere previously.[3]

[1] Godias Drolet, *American Review of Tuberculosis*, XI, 1925, p. 292.
[2] *American Review of Tuberculosis*, X, p. 280.
[3] *Bulletin N. Y. C. Dept. Health*, August 21, 1926.

Infection Is Not Necessarily Disease

BY no means all who have been infected for the first time develop clinical disease. For the most part the infection is overcome even in early childhood. However, a positive skin reaction to tuberculin, in the presence of symptoms, in a child under two years of age, usually means tuberculosis. In early childhood the predominating type of disease is the involvement of the tracheobronchial lymph glands with evidence of the primary infection, calcified tubercles, somewhere in the lung. Recent research among school children at all ages shows that at least two per cent have pulmonary tuberculosis in a form recognizable on the x-ray film, though they may not be consciously ill. Clinical pulmonary tuberculosis may be the result of a first infection, or it may be the result of parenchymal tuberculosis in early life which has been temporarily overcome and reactivated in later years, or it may be the result of a new infection from the outside, engrafted upon lung tissue previously sensitized by a primary infection in early life which has been overcome.

Causes Leading to Reinfection

WHAT causes pulmonary tuberculosis in the years after childhood in those who have been infected and have recovered, and who presumably possess some degree of immunity to the reinfection? How or why the disease is brought about no one exactly knows. Undoubtedly some receive tubercle bacilli repeatedly, in their human associations, much as in their childhood days. For the most part the existing relative immunity prevents infection. But this relative immunity can be very much reduced or entirely wiped out by unhygienic living and by infections with other organisms. Any disease which lowers general physical well-being may bring about susceptibility to reinfection or cause an arrested or quiescent tuberculosis to become reactivated. Measles or whooping cough are fairly often followed by pulmonary and other forms of tuberculosis. Pneumonia, influenza, typhoid fever and others may have the same effect. Nevertheless a patient with quiescent tuberculosis may recover from an attack of typhoid or smallpox without reactivation of his tuberculosis, if properly taken care of.[4] Frequent pregnancies also have a tendency to lower resistance and are often followed by pulmonary tuberculosis. The onset of puberty in girls is likewise accompanied by clinical pulmonary tuberculosis in many instances. Other causes affecting a large number of people are the improperly balanced food ration or an insufficient amount of food, such as occurred during war time. Factors that reduce resistance are the fatigue of emotional stress and exacting mental or vigorous physical work, combined with physical strain or gaiety in the non-working hours with a minimum of sleep; improper conditions of ventilation, (air at too high temperature with too little humidity and not sufficient motion); hasty eating or improperly balanced food or too little food. Any or all of the above may cause an individual to be more susceptible to infection from without or to reactivation of an old arrested tuberculosis within. Other individuals in good health may receive such large numbers of tubercle bacilli from without as to overcome any existing relative immunity and thus produce the disease. This probably happens more often than is generally supposed.

Clinical tuberculosis occurs at all ages of man, males and females showing a varied frequency. Thus the mortality rate for boys under five is higher (66 per 100,000) than for girls of the same

[4]Brown, Heise, Petroff, Wilson, *American Review of Tuberculosis*, II, No. 12, p. 717, and Howk and Lawson, *American Review of Tuberculosis*, IV, No. 7, p. 490.

age (59 per 100,000) but from five to nine (14 and 13 per 100,000) the rate is about the same. At puberty, ten to fourteen years, however, the rate in girls is much higher,—boys 12, girls 27 per 100,000.[5]

Clinical pulmonary tuberculosis affects the two sexes in the different years as indicated in the graph (based on figures for New York City, 1923, supplied by Godias Drolet.)

Onset and Symptoms

THE onset of pulmonary tuberculosis may be slow, with slight constitutional and local symptoms; a relapse may develop similarly after previous quiescence of the disease. This type of onset is known as the insidious and, with the next type mentioned, the catarrhal, forms the greater number of onsets (about 80 per cent). When the onset occurs suddenly, as with acute catarrhal symptoms, or with a definite bronchopneumonia, it is said to be catarrhal. Sometimes, but much less frequently than either of the above, the disease is ushered in with blood spitting or hemoptysis. Hemorrhage of the lung occurs fairly often in the early stages of pulmonary tuberculosis, but as a rule symptoms of some kind have preceded it. In other instances pleurisy with effusion is the first manifestation. In some patients the disease begins with fever without previous symptoms. This occurs, at times, when miliary tuberculosis begins without previous evidence of pulmonary tuberculosis.

Pulmonary tuberculosis is usually accompanied by symptoms at some period of the disease. These may roughly be classified under two general heads: local and constitutional. The local symptoms are brought about by the irritating effects of the disease on the lungs, and the general or constitutional symptoms are the effects of the poisons generated by the tubercle bacilli in their growth and the poisons from degenerated bacilli and tissue cells. The principal symptoms of pulmonary tuberculosis may be listed as follows:

Local

- Cough
- Expectoration
- Hemoptysis
- Pleurisy (dry or wet)
- Pain in chest
- Hoarseness

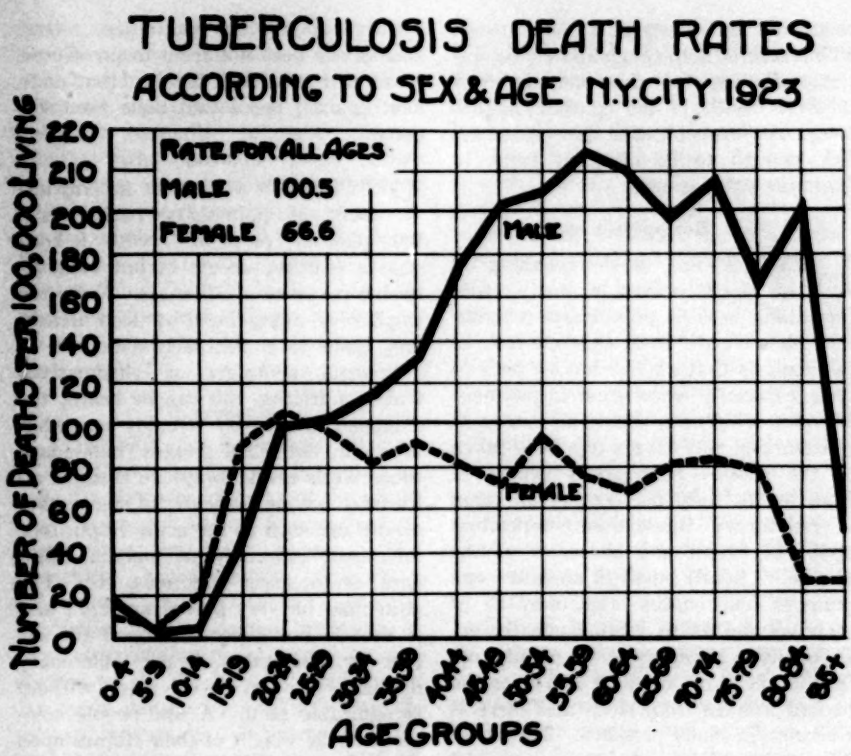
Constitutional

- Fever
- Rapid pulse
- Lack of endurance
- Loss of strength
- Anorexia
- Loss of weight
- Night sweats
- Chills

Cough

THERE is no characteristic cough in pulmonary tuberculosis. At first it may be hardly noticeable or merely a clearing of the throat. With laryngeal involvement it often becomes spasmodic in character and may at times resemble whooping cough. The onset of the cough may be acute, as with "chest" colds or bronchitis of non-tuberculous nature. Usually, as the disease becomes worse, the cough increases in frequency. However, a definite advance of disease may take place without increase of cough. At times the cough may diminish, temporarily, immediately before increasing as the result of a relapse. Gradually lessening cough may be the result of healing; and sudden lessening, the result of fresh congestion in the lung. In the latter case an increase soon follows. Laughing, loud talking, singing, the taking of food, often aggravate the cough. Change of position, bringing about movement of secretions in the lung, may also aggravate the cough as do also changes from

[5] Drolet, *American Review of Tuberculosis*, XI, 1925, p. 292.



hot to cold air, etc. In some instances a cough present during the winter months may, as the temperature moderates and the individual lives more outdoors, disappear in spring and summer, only to return in the early winter. While most individuals with pulmonary tuberculosis have cough as a symptom at some time, the disease may exist without its presence.

Expectoration

WHAT has been stated above about cough applies equally well to expectoration. There is one thing about expectoration, however, which makes it a valuable aid in diagnosis. It may contain tubercle bacilli. As a matter of fact, only about fifteen to forty per cent of early cases of pulmonary tuberculosis reveal tubercle bacilli in the sputum. Therefore it is most unwise to await their appearance before making a diagnosis. Gradual and sudden increase in amount of sputum occurs for the same reasons mentioned under cough. The character of the sputum varies from mucoid to mucopurulent to purulent as the disease advances unchecked. The reverse usually happens when quiescence or recovery ensues. Some individuals never become entirely free of cough and expectoration, although their disease is healed. Others, in whom quiescent disease can be detected by physical examination, have no cough or expectoration. It must always be borne in mind that the tuberculous individual may become infected with other organisms producing

bronchitis and have, as a consequence, an increase of both cough and expectoration. Except for the occurrence of tubercle bacilli in the sputum, neither cough nor expectoration are characteristic enough to be of great value in diagnosis or prognosis.

Hemoptysis

HEMOPTYSIS, or the coughing up of blood, occurs in many other conditions besides pulmonary tuberculosis; however, it is so characteristic of tuberculosis that anyone having hemoptysis, especially when occurring without previous symptoms, should be thoroughly examined and have x-ray films taken of the chest. Hemoptysis occurs in from ten to sixty per cent of all cases of pulmonary tuberculosis, depending upon the extent and character of the disease. Usually small in amount—one dram to four ounces—they may be of such volume as to produce death, occasionally. Hemoptysis frequently occurs in the early morning hours, as the patient awakes from sleep and there is a change in blood pressure. They may follow upon violent physical exertion or upon straining the chest, as in lifting heavy weights, trying to move "frozen" windows, straining at stool, blowing wind instruments, etc. In many instances there is no direct connection discoverable between cause and effect.

Streaked sputum—lines of blood in the sputum—is of common occurence from causes other than pulmonary tuberculosis and has no diagnostic value. Bloody sputum—blood mixed with mucus—also occurs in many other conditions and is of less value for diagnosis than a hemoptysis of a teaspoonful or more. The same conditions that promote hemoptysis seem also to favor the production of bloody sputum. Thus fresh congestions within the lung, change of seasons, secondary infections, physical exercise, menstruation, etc., frequently favor its occurrence. One hemoptysis does not seem to predispose to another, nor does the fact that none has occurred mean that none ever will occur.

Pleurisy

PLEURISY is a frequent accompaniment of pulmonary tuberculosis. Wet pleurisy, or pleurisy with demonstrable effusion, occurs in but eight to twelve per cent of all cases. Pain due to pleurisy, exaggerated by deep breathing, leads to a mistaken diagnosis of intercostal neuralgia or rheumatism. Unless a friction rub can be heard, the diagnosis of pleurisy remains somewhat in doubt, but when present, pulmonary tuberculosis must always be thought of. Pleurisy occurs, however, in some other conditions, such as the acute respiratory infections, especially pneumonia, influenza, streptococci infections, etc. The pain may be very severe or slight and is usually not dependent upon the extent or character of the pulmonary disease. It may even exist without recognizable pain. A few people complain of the weight of their clothes upon the shoulders and chest. Soreness under the sternum, pain between the shoulders, at times radiating down the arm to the fingers, oppression in the chest, are also of frequent occurrence and are possibly a reflex condition from chronic pleurisy.

Shortness of Breath

DYSPNEA or shortness of breath depends principally upon mechanical factors, such as replacement of normal lung tissue by disease, or contractions within the lung and displacement of the thoracic organs. It may, however, be toxic in origin. At the outset of the disease, dyspnea is usually slight, but when the onset occurs with bronchopneumonia of fair extent, and also at the onset of miliary tuberculosis, it may be severe. With more limited disease, dyspnea is not often noticeable,

except on marked exertion, but as the disease advances, more and more normal air spaces lose their function on account of replacement by disease, and dyspnea gradually becomes greater. Pleurisy with effusion, as well as rupture of the lung, may cause sudden dyspnea by bringing about the collapse of a large portion of one lung or of an entire lung. Dyspnea may also be caused by painful breathing due to pleurisy. In this condition, frequent shallow breaths are taken to avoid the pain on ordinary and deep inspiration.

Hoarseness

HOARSENESS is not very marked unless the larynx becomes involved. However, clearing of the throat and "hemming" are of frequent occurrence even in early disease. The bronchitis accompanying pulmonary tuberculosis, an occasional catarrhal laryngitis of mild degree, irritation of the recurrent laryngeal nerve by the disease within the lung, or pressure on the nerve caused by swelling, may result in hoarseness. Whenever hoarseness is of long duration or is marked, the larynx should be examined for tuberculosis involvement.

Constitutional Symptoms

THE general or constitutional symptoms of tuberculosis are caused by the poisons eliminated by the tubercle bacilli and from the destroyed tissue cells at the site of the disease. The poisons entering the lymphatic system, and more particularly the blood stream, circulate throughout the body and bring about various functional and, at times, organic derangements. These symptoms as a rule do not indicate the presence of tuberculosis but do signify some intoxicating factor from some disease. If tuberculosis has been diagnosed; as a rule, these symptoms should indicate activity of the process.

Fever

ELEVATION of temperature above the normal, with constitutional symptoms, is present at some time during the disease though its presence may not have been suspected. At first, the elevation is slight, 99.2 degrees F. or slightly more, occurring as a rule between 3 and 8 p. m., though it may occur at any time of the day. For this reason, it is a good plan to take the temperature every two hours after awakening until bedtime, for a period of observation during ten days or more. After this, the usual three times a day (7 a. m., 4 p. m., 8 p. m. or thereabouts) will suffice, always making certain that the time of maximum temperature observed during the period of observation will be one of the periods for future observation. As the disease advances, the maximum becomes higher and higher, if treatment has not been instituted, until it reaches 102 degrees F. or more. Even with this elevation, the patient may not be conscious of fever. Fever may occur suddenly, as in pneumonia or bronchopneumonia, and reach a high degree of elevation. As the patient improves, the maximum slowly declines but sudden declines are not rare. In some instances the evolution of pulmonary tuberculosis does not take place continuously but alternates in periods of normal temperature followed by periods of fever. The intervals of normal temperature may be as short as one or two weeks and the fever of only a few days duration, the process resembling a severe bronchitis with relapses. There is no type of fever characteristic of tuberculosis; usually the remittent type occurs. The hectic type may develop when cavity is present, and the disease is active. The inverse type—high morning and low evening—occurs at times. When it occurs, the prognosis is said to be unfavorable. While fever is one of the safest guides for

determining activity of the disease, it is not the only one.

Rapid Pulse and Circulatory Disturbances

THE rapidity of the pulse closely follows the elevation of temperature, though at times acceleration of the rate may occur without fever. Many authors believe this should indicate a poor prognosis, if no other cause than the tuberculosis can be found for the fast pulse, since in all probability myocardial toxemia has occurred. In advanced disease, when displacements of the thoracic organs have occurred from fibrosis, the pulse may be rapid, although all other symptoms of activity have subsided. The same may occur after the administration of artificial pneumothorax. Many patients with intestinal tuberculosis — discovered by x-ray examination—have a rapid pulse although there is no elevation of temperature.

In early tuberculosis, when the patient is not under treatment, there may be a fall in blood pressure. With advanced active disease a lowering of blood pressure is frequently observed particularly toward the end when the vitality has been very much reduced.

Anemia is not a constant finding in early pulmonary tuberculosis though it is frequent in active advanced disease, when the loss of body fluids through diarrhea and much expectoration is marked. The constant elevation of temperature — toxemia — of advancing disease is often followed by anemia.

Lack of Endurance and Strength

AT the beginning of pulmonary tuberculosis, fatigue is frequently not marked and may not be recognized as such by the patient. With slight toxemia, the patient feels indisposed; he lacks energy to do his usual work, or he finds that he lacks endurance to carry his labors through. Languor and lack of endurance are usually the forerunners of fatigue which occurs later as the poisoning becomes more marked and the disease advances. When continued activity has occurred for some time, fatigue is followed by weakness, and eventually by prostration. As a rule, the patient with little or moderate pulmonary tuberculosis does not suffer much from fatigue. Occasionally, on the other hand, it is the most marked symptom.

Digestive Symptoms

THIS general depression of the muscular and nervous system affects the digestive tract as well. Fastidiousness in regard to food may be the first manifestation, later to be followed by loss of desire for food. However, some patients retain their appetites even though fever has been present over a long period and the disease is slowly getting worse. Nausea and vomiting may be present early in the disease. Usually they do not occur until the process has been active for some time. Coughing may induce vomiting and in some instances the patient is ready for another meal immediately after ejecting food.

Loss of Weight

THE presence of the circulating poisons with their depressing effects, and the loss of appetite, bring about a gradual reduction in weight. When the onset of the tuberculosis has been acute, the loss of weight may be sudden and severe. Usually, however, the patient is not aware that weight has been lost, since the face seems full and the greatest loss has occurred on the body. Some patients have no loss of weight at the time of diagnosis and some few show a gain immediately preceding diagnosis. As the disease progresses, loss of weight becomes more marked, the cheek bones become prominent, and the patient appears to be wasting away, — the condition from which consumption derives its name.

Particularly is this true when diarrhea occurs. Occasionally a patient gains weight, even though the disease is progressive. Most patients with moderate disease entering sanatoria are ten pounds or more under their usual weight.

As the patient recovers, he usually gains in weight and this gain is usually of good significance, but not always. A good state of nutrition is a valuable aid in the fight against the disease but is by no means to be looked upon as the sole or most important index of improvement.

Night Sweats

NIGHT sweats are fairly frequent when the onset of the disease has been acute with bronchopneumonia, but for the most part those cases with slow onset do not have night sweats unless the disease is progressive. During these sweats the whole body becomes bathed in perspiration and when severe, the night clothes become moist. Localized sweats of the chest or back or forehead, lips, etc., are fairly common. Night sweats mean, as a rule, a rather severe intoxication from the circulating poisons, the nervous mechanism of the body becomes markedly disturbed, and the sweats are followed by marked physical depression. Night sweats more frequently occur when high fever is present. They may occur, however, in the absence of fever. The localized sweats are evidence of less severe poisoning. Most tuberculous patients have an increased susceptibility to all external stimuli when the disease is or has been recently active. For this reason emotional disturbances of any kind may lead to localized sweating.

Chills

CHILLS are not very common in early pulmonary tuberculosis unless the disease is acute and marked by considerable toxemia. Chilliness or chilly sensations are of common occurrence and are part of the general nervous instability caused by the circulating poisons. In advancing disease, especially of the acute type, with marked fever, chills are more frequent and may be severe. They precede the elevation of temperature to its maximum when the hectic type of fever is present.

Diagnosis

THERE are but few characteristic symptoms of pulmonary tuberculosis. Cough and expectoration, dyspnea, hoarseness, and pain in the chest, are common to most acute or chronic pulmonary conditions. Fever, fast pulse, languor, anorexia, loss of weight; all are common in any form of constitutional or general poisoning from disease. Nevertheless, there are some peculiarities of the symptoms which make one believe pulmonary tuberculosis to be present and to be active or not active at the time of observation. When the sputum contains tubercle bacilli on repeated examinations, one can be certain that pulmonary tuberculosis is present, regardless of all other evidence. The occurrence of hemoptysis of a dram or more should lead to a diagnosis of suspected pulmonary tuberculosis until some other cause can be demonstrated. Hemoptysis does occur in many other conditions but when these cannot be demonstrated, it must be remembered that hemoptysis is so frequent in pulmonary tuberculosis as to make it a first consideration. Pleurisy with effusion, when no other acute infectious condition can be demonstrated, must be regarded as probably due to pulmonary tuberculosis. For the certain presence of tuberculosis of the lungs, we have as a criterion the occurrence of tubercle bacilli in the sputum. As a strong suspicion of its presence, the occurrence of a hemoptysis of a dram or more out of a clear sky, or the

occurrence of an acute pleurisy with effusion without other demonstrable cause. None of these, however, explicitly proves the disease to be active. Reliance for this must be placed more upon the constitutional symptoms of poisoning of which fever, languor and loss of weight are the most valuable, though, even in the absence of these, the disease may progress for a time.

The Vanderbilt Nurses' Library

By E. Laura Lohman, R.N.

THE library in the new Nurses' Home is on the ground floor. On three sides of the room are built-in, open book shelves which extend from the floor to the ceiling. Up to the present date, seven hundred seventy-one volumes have been placed in the library. Of this number, five hundred thirty are reference books. Another one hundred volumes consist of "One Hundred Worth While Books"; another fifty-one volumes are the Harvard Classics. The International Encyclopedia of twenty-six volumes has been added and a complete set of the *American Journal of Nursing*.

A daily newspaper and twenty magazines have also been placed in the library. Among the magazines are included the *American Journal of Nursing, The Public Health Nurse, The Pacific Coast Journal, The Red Cross Courier,* and the *Modern Hospital.* Fourteen files contain reprints and pamphlets on education, child health, prenatal care, communicable diseases, public health, mental hygiene, obstetrics, etc.

The reference books are grouped into twenty-two divisions as: Accidents and Emergencies, Anatomy and Physiology, Bacteriology and Pathology, Chemistry and Physics, etc. Each group of books and individual book has its own number. In addition, a card holder is placed on every shelf showing the name of the group and number.

A catalogue of the books is kept in the library and a duplicate in the nursing school office, which makes it easy to check the books.

The hours of the library in the Nurses' Home are from 1 p. m. to 10 p. m. The pre-clinical students offered to take charge of the library from 1 p. m. to 5 p. m. This has worked out very satisfactorily. A schedule of their time of service in the library is posted weekly on the bulletin board. In the evening the library is in charge of the matron.

The student nurses also have access to the medical library located in the hospital. This library contains 15,604 volumes and 204 journals and magazines. Of this number, 79 are German, 20 French, 39 English, and 66 American. The Vanderbilt University Library, near by, with its 95,000 volumes and 425 current papers, magazines and journals, is also at the disposal of the student nurses.

Ivy Poisoning

WHEN the first contact with the crushed ivy plant is made, an attack of ivy poisoning may be averted by a free use of soapy lather applied to the hands. The sap from the plant is not soluble in water, so it cannot be washed away so simply; but it is soluble in soap. So an abundant application of soap at such a time may do much to ward off an unpleasant and serious aftermath to a pleasant journey.

—April 11th Bulletin, Connecticut State Department of Health.

Health Examinations

The Relation of the Nurse to Periodic Health Examinations and Life Extension[1]

By Francis Ashley Faught, M.D.

HEALTH examination work is not new, although we, in and about Philadelphia, have been slow to appreciate its true value.

In some localities its benefits have been thoroughly recognized in the community; for example, in Kings County, New York, which includes the city of Brooklyn.

Industrial organizations and life insurance companies have long since learned the value of life extension. There are now organizations which buy the services of a group of doctors and sell their combined knowledge, through systematized commercial life extension services, to individuals and to life insurance companies, the latter assuming the cost of periodic examinations of their policy holders, because they know their value in dollars and cents saved to the company through the prolongation of lives.

Commercial life extension is, undoubtedly, good but it has its limitations, largely because it is impersonal and mechanical. A knowledge of physical and mental defects should be a personal matter between patient and physician. In this intimate relation he is better qualified to evaluate his patient's weaknesses and, therefore, to counsel and guide him.

The relation of the nurse to health examinations is dual.

First, her relation to the nation-wide propaganda for health examinations in which, by virtue of her intimate contact with families, many members of whom may not come into direct contact with physicians, she should be active to advise examinations whenever possible.

Second, her ability, through this close personal contact, to advise, give moral support, assist and guide examinees who have had their examination and who have received their letter of advice and instruction but who might be careless in putting the recommendations into effect. Here, her knowledge of personal hygiene, normal and special diets, ventilation, etc., should make her a valuable adjunct to successful life extension work.

Every nurse should constitute herself a living and walking apostle of periodic health examinations. The quickest and surest way to gain a clear insight into the methods of health examination work is for her to apply at once to her family physician and be examined. Having gone through this study, she will be better qualified to preach the necessity for and the health-giving value of these examinations.

A health examination is a thorough physical and mental appraisal of an individual, his habits and environment, made by a competent physician. Its purpose is to detect early physical and mental impairment and faulty habits of living, with a view to their correction.

A health examination is composed of four parts:

(1) The questionnaire or history.
(2) The physical examination.
(3) The summary or appraisal.
(4) The instructions and advice.

Such an examination should assist the individual in postponing and combating physical and mental decay and, by forcing him to repeat at regular intervals a personal stock-taking, aid him in

[1]Read by invitation at the annual meeting of the Visiting Nurse Association of Delaware County, October, 1926.

discovering departures from normal of which he is unaware and which, if undetected, might later lead to serious and permanent infirmities.

It is a relatively simple matter for a physician to examine a patient who complains of definite symptoms and to diagnose his ailment. This constitutes the practice of medicine.

To make an investigation of an apparently healthy person for the purpose of detecting pre-medical or pre-disease conditions and of correcting bad habits and faulty hygiene, is an entirely different thing. This is the purpose of the periodic health examination or life extension. The former is directed to curing disease, the latter to preventing disease.

In health examination work, no detail is too trivial for consideration. An apparently insignificant item may be of great importance. Thus, a slight recurrent morning headache may indicate the beginning of a condition which may result in chronic Bright's disease; while slight breathlessness on exertion suggests to the physician a possible beginning heart muscle weakness. Many similar instances will suggest themselves to you.

These facts will serve to stress the importance of a careful investigation into the previous and present habits of the individual, his family history, previous medical history, history of social activities, environment, exercise, recreation, etc. It is my belief that of all the information acquired during the periodic health examination, the recording of these facts is of great importance; exceeding, in some instances, the physical examination.

Many disease conditions, grouped under the head of pre-senility (premature old age), have their origin in long standing irregular or abnormal habits of living, details of which can be developed only by careful questioning. Ofttimes, items of importance may be supplied or amplified by the nurse, who can, by observing the personal habits and hygiene of the clients, offer advice and counsel which will aid directly in life extension.

The author has devised a complete form for health examinations which is satisfactory to him, the completion of which requires approximately forty-five minutes, exclusive of the questionnaire answered in writing by the applicant. There are a number of other forms available; for example, those supplied by the American Medical Association, headquarters in Chicago, and by the Pennsylvania State Medical Society, headquarters in Harrisburg.

The first two sheets comprise the questionnaire and the other two provide space for recording the physical examination.

Nearly everyone has at least one complaint, often many. A record of the chief complaint and of minor complaints aids the examiner by directing his attention to the weak spots during the physical examination. A group of leading questions is included to serve as memory fresheners, because most of us are poor observers and forget quickly.

An accurate record of the family history, giving present state of health or causes and age of death of immediate ancestors, will often bring out an hereditary tendency. Thus, a tubercular family history may give the true significance of a slight persistent cough or loss of weight, while cancer in the immediate and collateral family will emphasize the importance of investigating those regions where cancers are most frequent and the necessity of eliminating all possible sources of chronic irritation in order to prevent the later occurrence of cancer.

Nervous phenomena, and even a mild degree of mental disorder, may be explained by a careful investigation of the

menstrual function, especially alteration in regularity and character, particularly after the age of forty, knowledge of which will suggest a special investigation of the pelvis when glandular substitution therapy may arrest the disorder in its incipiency and restore the woman to mental and physical health and activity.

Concerning the after-effects of difficult childbirth and the complications that may follow and which so often affect the health in later life, much more could be said. The nursing fraternity is thoroughly familiar with this subject, but I would briefly remind you that backaches, obesity, physical weakness, nervous irritability, discharges may, one and all, result from an unrecognized laceration, capable of correction by proper surgical means. Definite pelvic pathology, when discovered, if for no other reason than the prevention of cancer, should be promptly corrected, since chronic irritation from misplacements and discharges are a fruitful source of cancer in women.

The complications of childbirth and of miscarriages, particularly those accompanied by fever, are often the starting point for surgical diseases of the lower abdomen in later life, a knowledge of the occurrence of which will often readily explain an otherwise obscure abdominal condition.

The importance of an accurate knowledge of pelvic conditions will be appreciated when I tell you that in a summary of my last one hundred periodic health examinations, pelvic abnormalities were met in sixty-two per cent, many requiring surgery for their correction.

Occupations contribute largely to the development of certain chronic diseases; for example, prolonged exposure to metallic poisons may cause serious disease, particularly lead (colic), mercury and arsenic (Bright's disease). Too long hours, lack of sleep, poor food, insufficient ventilation, poor light, overcrowding, etc., by reducing vitality, lowering resistance and gradually undermining the health, may pave the way for the easy entrance of the germs of disease which, in a normally healthy and resistant individual would fail to gain a foothold.

When the human organism is functioning properly as a harmonious and closely interrelated whole, the body is in a state of ease, in contradistinction to disease. When there is any disturbance or interruption in this finely adjusted coördination, we have a state of disease. A person at ease mentally and physically is probably a well person. Proper environment and rational hygiene spell health, while the reverse renders the body vulnerable to disease.

Disease states, in their incipiency, are often symptom-free, so it behooves each of us to submit himself to a periodic check-up in order to detect possible tendencies toward disease at a time when the alteration in body activity is still functional and capable of correction or removal. This is one of the strongest arguments in favor of periodic health examinations.

This keeping persons well, rather than waiting for disease to manifest itself, is obviously good practice, so it seems strange that the most complicated of mechanisms, the human body, has been the last to receive the advantage of this obviously rational measure, which has, for many years, been accorded our domestic animals. Indeed, this sensible attitude extends further, as I was informed the other day that the pathologist of the Philadelphia zoölogical garden subjects all the animals to a periodic health examination; it being the experience of the authorities there that it is far cheaper, more efficient and productive of increased life extension among the animals, to follow this plan.

No one examined will be found to be absolutely normal; we all have defects and it is surprising how early in life we develop habits which may influence our health adversely, and how frequently we are influenced by adverse environment and associations. These two facts in their many manifestations offer fruitful ground for the beginnings of disease; their degree of influence varies with the individual; for example, late hours and insufficient sleep may be tolerated indefinitely by but few. Again, the influence of coffee upon the nervous system varies greatly. A nervous person, that is, a person with a nervous temperament, withstands coffee poorly. A previously inactive person can stand lack of exercise better than one who has been previously athletic. Over-eating, or the excessive consumption of certain articles of food are powerful factors in the production of these diseases which we term degenerative, such as diabetes, nephritis, arteriosclerosis, etc., which are slow and insidious in their development.

The nurse, by a few words tactfully given, can frequently cause the modification or elimination of bad habits and faulty environment and so may be the positive factor in the promotion of health and prolongation of life.

Not infrequently the nurse is consulted regarding menstrual irregularities, or pain in girls and young women. Here again the nurse has a useful field in health extension. Her knowledge of the normal functions and their importance, places her in a particularly good position to give advice either for modification of hygiene, such as relief of constipation, more rest, recreation and sunshine, or enforced rest for the relief of menstrual pain. She may also help prevent the development of adult pelvic disease by suggesting to the sufferer or her mother that consultation and examination be had with a competent physician.

Time will not permit me to amplify further. Sufficient has been said and enough explanation given to show you your relation through health examinations to life extension, and the far-reaching benefit which must come to the country and community by a universal adoption of this plan.

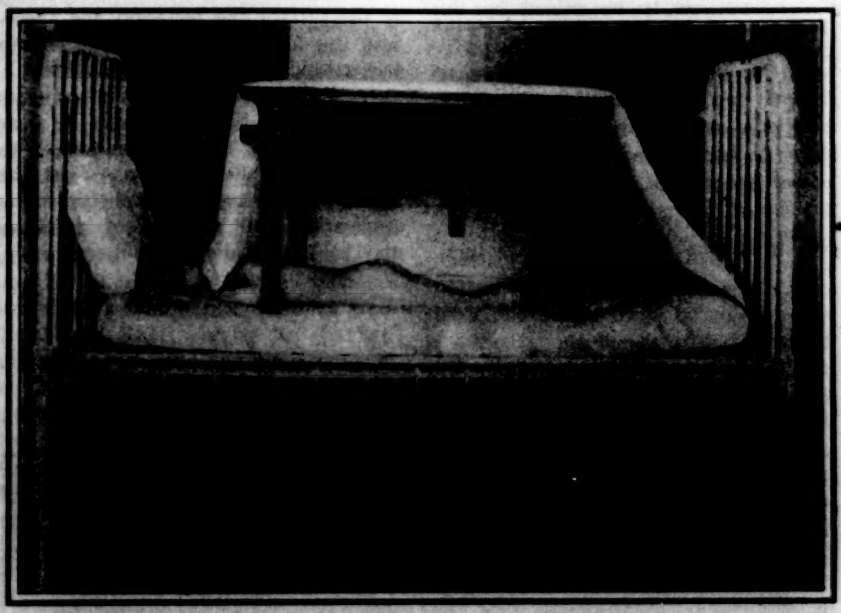
In closing, I would emphasize the importance of coöperation between the nurse, especially the visiting nurse, and the doctor. We, as physicians, need and welcome your help. Preach the gospel of health examinations to your patients and through them assist us in obtaining the maximum of good results from our work in this most important medical service,—the periodic health examination.

MY friends of the younger generation, can you not see how much difference it makes to society today what you are going to mean by freedom? Many of you seem to mean by it what you call self-expression, and by self-expression you generally mean taking one of your instincts, probably one of the less noble ones, and giving it gangway. But that is not freedom. Even from the standpoint of psychology that is not freedom. If you let one of your instincts have its way you jangle the other instincts. You give sex alone its head, and your finer instincts will be starved and humiliated. You give the instinct of pugnacity its way, and your friendly instincts will be jarred and mutilated. The minister's confessional is full of people who have tried, by giving indulgence to one instinct, to find liberty and have found hell instead. Not self-expression in that narrow sense is the ideal, but self-realization; where the whole personality is gathered up in harmonious unity because it is mastered by some one who has the right to master it. The only liberty is harmony.

—Harry Emerson Fosdick in "The Meaning of Freedom."

Treatment of Burns

By Virginia M. Dunbar, R.N.



Apparatus Arranged as for Child with Burns of Back or Back of Legs

THE treatment of burns by an electrical heat cradle meets adequately the needs during the period of treatment and produces an end result which is very satisfactory.

A. Equipment:

1. A sterile sheet placed over the usual sheets beneath the patient.

2. An electrical heat cradle with 2 to 4 bulbs and a daify thermometer.

The cradle in the picture is made of fiber, is non-inflammable and is so built that the bed clothes cannot sag and come in contact with the bulbs. The bulbs are 60 Watt carbon lights.

3. Top bed covers including several blankets put on crosswise and tucked in all the way around.

4. An air mattress as an additional comfort to patients whose burns will make treatment necessary over a long period of time.

5. Restrainers for hands and for feet of young children.

B. Treatment:

1. Constant exposure of burned area to heat 100 degrees to 105 degrees over a period of weeks or months, as necessary to form crusts. All degrees of burns can be treated in this manner. The blankets help to keep a constant temperature.

2. Removal of completely formed crusts every third or fourth day—

a. By sterile forceps or

b. By immersion of patient in a tub of water, 100 degrees, for one hour.

3. Skin grafting, if necessary, when granulations are ready to take care of it. During this period heat is

continued if crusts are still forming on other areas.

C. Advantages to be gained by this method of treatment are:

1. Maintenance of body heat—particularly necessary through the period of shock—without touching the body and without additional equipment, such as hot water bags.

2. Elimination of dressings, therefore treatment of the burn with minimum disturbance to tissues and minimum handling of the patient.

3. Control of infection by drawing to the surface the secretion and therefore the infection, and drying it into crusts which can soon be removed.

4. Production of minimum contracture, due to the fact that the scar formed is thin, being in proportion to the depth of the infection. That the granulating tissues are not disturbed by application and removal of dressings may help bring about a thin scar.

International Newsreel Photo

REPRESENTATIVES OF THE AMERICAN HOSPITAL ASSOCIATION AND THE VETERANS' BUREAU WHO CALLED ON PRESIDENT COOLIDGE TO INTEREST HIM IN NATIONAL HOSPITAL DAY

Left to right: Meta Pennock, Matthew Foley, Mrs. Mary Hickey, Dr. W. H. Walsh, Secretary American Hospital Association; Dr. Morrill, *President Coolidge*, Gen. F. T. Hines of the Veterans' Bureau, Mary M. Roberts, Dr. B. W. Black, Rev. E. F. Garesche.

Smoking by Women

By Jesse Feiring Williams

A CHANGE in a social custom is accompanied, usually, by pronounced differences of opinion in those persons who become the proponents or antagonists of the "cause." The very rapid adoption by many women of the cigarette, appealing to some of them as the badge of the new freedom, has given rise to hasty and inaccurate statements about the injurious effects of smoking on women. Though evidence accumulates that women show an emotional control comparable to that exhibited by men, and psychology reports no characteristic differences in the responses of the two sexes, aside from training, there still persists the idea that women are different, that men may do with impunity what women might attempt at grave risk. According to the evidence available, the effects of smoking on women should be interpreted in terms of the effects upon man, until evidence of sex differences is presented.

The statement concerning results of experimental practices are extremely confusing. Parkinson and Koefod,[1] in a study of cigarette smoking in thirty soldiers, twenty of whom were affected with "soldier's heart," showed that the smoking of

> a single cigarette by an habitual smoker usually raises the pulse rate and blood pressure perceptibly; and these effects are a little more pronounced in cases of "soldier's heart."

This circulatory change is not evidence, in itself, of injury. Bates[2] has also reported on the vascular variations after smoking. Bates remarks:

> The normal irregular variations in blood pressure, due to various causes, are practically as great as the variations which may be ascribed to tobacco.

Bates concludes that the extent to which the effects are due to absorbing smoke products and to psychological factors involved in smoking are still to be discovered.

It is held by some that the effects of smoking are to be interpreted in terms of certain products of combustion in addition to the nicotine. Thus carbon monoxide and pyridin have been mentioned.

Bamberger[3] reports that tobacco smoke may have from 7.2 to 25 parts of carbon monoxide in 10,000 parts of air. This would be significant in amount, if inhaled for more than an hour, but even the "fiend" takes in many breaths of air between puffs. While the presence of carbon monoxide and pyridin have been determined in tobacco smoke, later studies have emphasized the rôle of nicotine in the effects produced. Moreover, contrary to popular notion, these effects are seen to be more pronounced in the cigar and pipe than in the cigarette. Lee[4] states that tobacco turned into cigarettes yields much less nicotine in the smoke than that of cigars and pipes. This is due to the greater heat generated by the latter, and the presence of moisture in the tobacco immediately adjacent to the burning field. Heat and moisture favor the volatilization of nicotine.

The effects of smoking on motor control have been studied, also, and numerous reports indicate a loss in motor efficiency. These are in harmony with experience and the observation of coaches and trainers that smoking impairs physical efficiency. On the contrary, Bates,[5]

[1] *Lancet*, August 18, 1917, p. 232.

[2] Bates, R. L.: *Journal of Comparative Psychology*, October, 1922.

[3] Bamberger, J. P.: *Journal of Pharmacology and Experimental Therapeutics*, February, 1923.

[4] Lee, W. E.: *Quarterly Journal of Physiology*, 1:335, 1908.

[5] Bates, R. L.: *Journal of Comparative Psychology*, October, 1922.

in a study of the ability of students to throw darts accurately, found that on the smoking days the distribution showed less variation than on the non-smoking days. In short, after smoking, the distribution was more uniform. There were fewer scattering hits on the target.

There is the common belief that smoking by pre-adolescents retards growth. There are enough exceptions to this effect to lead to doubt concerning its uniform action.

While the experimental evidence is very conflicting, it is the observation of physicians, coaches, and physical education experts that smoking impairs physical efficiency.

Moreover, in this discussion of the physiological effects of tobacco smoke upon humans of both sexes, it should be remembered that individual differences are to be considered. Some persons become easily adjusted to the presence of nicotine; others ever show a susceptibility to its effects. This is important in interpreting the term "excessive smoking." There are those who are so sensitive to tobacco smoke in a room that it causes headache, nausea, and feelings of weakness. To such persons, one cigarette is excessive; to others not so sensitive, four to five cigarettes a day may be very moderate indulgence.

The understanding that both men and women are biological organisms, responding similarly to physiological laws, still leaves the question if smoking may have special effects upon women, due to their unique and characteristic functions. Cases of nicotine poisoning in infants nursed by mothers who smoked or chewed tobacco have been reported in the *Journal of the American Medical Association*. In a recent issue[6] the effect of smoking in nursing mothers was stated as follows:

> In nursing mothers who smoke excessively, nicotine may be found in the breast milk. Since diarrhea is one of the symptoms of nicotine poisoning in adults, it might conceivably occur in infants also. Lesage asserts that wet nurses who smoke or chew tobacco can poison the babies they nurse, and the symptoms produced are digestive disturbances, restlessness, dyspnea, bradycardia, syncope, collapse, and death. However, such a result must be a great rarity; for in the experience of one of the leading pediatricians in the country, no harm has ever been observed in babies nursed by mothers who smoke inordinately. Heavy smokers, as a rule, cannot nurse their babies very long.

Again the evidence is extremely conflicting. There is no evidence that tobacco smoking has any deleterious effect upon menstruation, conception, fertility, or labor.

It would seem that at the present time, with such varied opinions in the scientific groups who have studied the physiological effects, it would be more important to consider the personal, social, and professional aspects of smoking by women.

Even in New York and other large cities, smoking by women has yet had no general approval. The fact for this statement is the simple one that women do not generally smoke openly on the streets. Although one may see innumerable women smoking at hotels, restaurants, in the lobbies of theaters, and other public places, the sidewalk is by custom still barred. One cannot prophesy how long it will remain the privilege of man to smoke on the street, but it is the simple truth of the matter that woman has not gone the whole way.

Now this is a fact of particular importance, because until there is general and widespread acceptance of the appropriateness in smoking by women, the practice will continue somewhat sub-rosa. This is quite pronounced, in

[6] *Journal of American Medical Association*, June 5, 1926, p. 1787.

certain groups where parental, or social, or professional disapproval exists. Secret smoking is secret sinning in modern dress. It represents an influence upon personality comparable to secret fear in certain cases of functional disease.

> No woman or man may with impunity carry on any secret practice without distinct personal loss that is reflected in the general health and well-being of the body.[7]

We lack the terminology to satisfactorily describe the changes in personality that may be observed in those who have secret practices that are without the pale of social approval. It is, therefore, quite impossible to portray the characteristics, although physicians, nurses, psychologists, and social workers report such changes. The woman who smokes should smoke openly, whenever she desires to do so, with regard only to the comfort of others, and regardless of their disapproval of the act. Since many women are unable to do this, it would seem that here is the determining condition that every woman must consider in framing an answer to the question: "Shall I smoke?"

Nurses and other professional women engaged in services of a highly personal character should also weigh the question from the patient's viewpoint. Patients even with serious disease have opinions, and are inclined to judge the nurse who smokes by the same standards that operate when they are well. Regardless of rapid extension, disapproval of an act that is still not fully acceptable by society may mean loss of confidence in the nurse. This has profound professional significance.

In conclusion then, it would seem that the question of smoking can hardly be determined on physiological grounds, but must be viewed in the light of certain influences upon one's personality, and of others that bear upon the usefulness of professional service.

[7] Williams, J. F.: *Personal Hygiene Applied*. W. B. Saunders Co., Philadelphia, Pa., 1926, p. 279.

Nursing Care of Chronic Diseases

By Mildred Constantine, R.N.

THE nursing care of patients with chronic diseases presents several important features which are frequently ignored or misunderstood by nurses not accustomed to this type of work. The most important factor in the care of the chronic patient is his peculiar psychology.

The patient who has been ill for many months feels that he knows more about his case than do those about him. As he has studied his symptoms from the onset of the disease, he feels well informed. If he has been so unfortunate as to go from one hospital to another, he has learned the results of various treatments. If he has been at home and cared for by relatives, he again knows more than those about him and various devices for his comfort have been evolved under his direction. If he has had one nurse throughout his illness, he is accustomed to one method and is apprehensive of others.

A patient suffering from a chronic disease early learns to feel that he must protect himself against injury or anything which he feels may delay his convalescence. He feels that he is the only person vitally interested in his cure and that if he recovers, it will be through his own efforts. Later on in the course of his illness, he loses hope and does not want to exert himself. One of our most difficult problems is to instil into some of our older patients the will to

recover. An active life seems a mountain which they can never surmount, and therefore, they dread beginning a thing which seems impossible. This is particularly true of patients with arthritis and some patients with heart disease. Apprehension makes them dictatorial and irritable.

Many young nurses and doctors resent suggestions from patients and do not realize that the patient either thinks he is doing them a favor by covering up their ignorance or is trying to protect himself from effort. In order to protect themselves from what they fear will be harmful, patients invent excuses and theories which are frequently difficult to combat. One patient found it imperative to go to bed for an hour before each meal, to be ready for an attack of tachycardia which she would have as soon as she ate. It took three years of care and persuasion to restore this patient to normal full-time activity.

A nurse who can cheerfully follow a patient's instructions, regardless of her own convictions, will more easily obtain his confidence and coöperation and she can then institute her own improvements or changes in methods. One recurring example of the patient who will not exert himself is the patient with arthritis or the patient who has had a leg amputated. It is much easier to lie quietly in bed than to try to walk with stiff knee joints. Some patients feign other illnesses in order to postpone the evil hour when they must begin to walk again. More than once we have had to assign two nurses or two doctors to get a patient out of bed daily.

Another important factor in dealing with chronic patients is system. This is particularly important in connection with hypodermics for carcinoma patients. Patients who have constant pain are more content if they know that their medications will be brought to them at a definite time. Instead of worrying, they read or work and endeavor to forget their aches, assured that the nurse will come to them before too long. When we first began giving hypodermics of morphine at definite hours, we assumed that the patients would receive more medicine in twenty-four hours but we soon learned that the patients receive less, as they are willing to omit one or more doses in the twenty-four hours and are more content.

Another factor in the care of the chronic patient is the role of the rubber ring. Women patients, such as those with heart disease, who sit up constantly, soon feel the mattress is hard and begin to pull their pillows under them. If the nurse does not anticipate this need, the patient may sit on a pillow for days and then object to any change. Some patients sit on one pillow until it becomes flattened and is no longer soft, and then want a second pillow. Other patients ask student nurses to put a pillow under the rubber sheet and in a surprising number of instances I have found pillows and blankets under the mattresses. If the nurse does not supply her patient with a rubber ring as soon as she finds the first pillow, she will have difficulty in convincing her patient that the ring is better. Many patients argue that a rubber ring is uncomfortable, that the rubber is hot, and yet they will sit all day on a hair pillow covered with a rubber sheet, and not complain. Within the last week, a patient with heart disease was admitted who had become accustomed to three pillows under her rubber sheet. When I removed her pillows, she insisted that she would perspire more freely if she were lower in the bed. A rubber ring properly inflated gives more satisfaction in the long run, but patients who have been accustomed to pillows must be educated to its use.

When patients remain in a hospital for many months they become very

particular about their meals. The average hospital for acute cases can have approximately the same diet for an indefinite period, as the patients change so frequently that most of them do not have time to become tired of the diet. The hospital for chronics, on the other hand, is faced with the very serious problem of providing a sufficiently varied menu, on limited funds, to suit the majority of the patients.

Food service is another recurring problem. Many patients are unable to chew properly and must have their meat minced. This adds to the monotony of their diet. Nurses forget that a chronic patient who can feed himself may not be able to cut up his food or may need to have his tray arranged differently from that of his neighbor. We find that we have to watch graduate nurses, as well as pupils, to prevent them from leaving the tray on the bedside table, out of reach of the patient. Frequently the tray is properly placed, but the nurse neglects to elevate the head of the bed, to cut the meat, or to spread the napkin.

Many chronic patients eat slowly. We have found that if we serve our meals in courses, the patients get hot food and eat more, because they do not feel that they must hurry to eat everything while it is hot. Our special diets caused us a great deal of worry because so many patients were slow eaters. We tried heated trucks, hot water plates, and a variety of elaborate equipment, but finally selected a casserole as the most practical. The casserole is heated in the oven, the hot food put in, and the casserole is reheated before it is placed on the tray. Individual trays are set up in the kitchen, so that when the diet truck reaches the ward, the nurse adds the silver and water and carries the tray to the patient.

In conclusion I wish to emphasize that the nurse caring for the chronically ill person must be patient, sympathetic, but rational and systematic in her work, and always keep in mind that the proper mental attitude of her patient is frequently the most important asset in his rehabilitation.

"It can't be done" had been said many times when a device such as that pictured was requested for offices and operating rooms. Persistence won and the new operating room at St. Mark's Hospital, New York, is equipped with a Tycos sphygmomanometer which has a large dial on the wall easily within the line of vision of surgeons as well as of the nurses.

Drug Addiction

THE task of suppressing the abuse of narcotics is an international task of the first magnitude, demanding increasingly complete international unity of intelligence and administration; difficult, because practically interwoven with political problems and commercial interests as well as with ancient ignorance and social habits, perverse appetites and the sleepless greed of private gain; immensely important, because the steadily increasing threat is against the welfare of all races and nationalities. No place where people live is sheltered from this peril which menaces men, women and children as few other things ever have menaced them.

JOHN PALMER GAVIT.

In Support of a School of Nursing

By Edith Donaldson Monroe

At the time the Nurses' Official Registry was organized in Buffalo, our School of Nursing Committee decided to relinquish the Graduates' Registry connected with the Millard Fillmore Hospital.

This was done in order to give our full support to a Central Registry plan of which we fully approved. Our own Registry had been a source of revenue for our School and this depletion of our fund meant seeking some other income.

The Committee, when first established, had a few Sustaining Members, and when this necessity arose we decided to secure many additional Sustaining Members. The Sustaining Members are of two kinds, Annual Sustaining Members, who pay ten dollars per year toward the support of the School; and Life Sustaining Members, who pay One Hundred Dollars in one sum, the interest of which is added to the endowment fund and used for the work of the School. The amount needed for the support of the Committee was arrived at by making a budget and a deliberate campaign was made on this basis. The Campaign is continuous, the members secured having the privilege of paying the annual gift during any month of the year that they wish. This method makes it possible to have an incoming revenue each month of the year.

Thus far, our doctors, nurses and friends have been very generous and the funds so secured have been used to purchase classroom equipment,—such as books, manikins, stereopticon lantern, and other much needed material.

This school, according to its rules, is "under the control of a committee of not less than nine women from the Board of Women Managers, one Sustaining Member, three Members from the Medical Staff, one Junior Board Member, one Member from the Nurses' Alumnae Association, the Director of Nurses, and one Professional Educator."

The Functions of the Nurse

THE functions of the nurse are moreover changing all the time, so we never seem to be able to draw a line about one special group of duties and say that this is exactly what she is expected to do. I have tried in the following classification to indicate the general character of the nurse's functions as we find them in the broad general field of nursing today.

1. Guardianship and protection, including the physical care and supervision of sick and helpless people and attendance on all ordinary physical needs.

2. Conservation and prevention, including the application of hygiene and sanitary principles to the general care of the patient and to his environment, the building up of strength and resistance, and all ordinary precautions for the prevention of disease.

3. Intelligence or scouting functions,—observing, recording and reporting symptoms and other conditions about the patient and his environment which have a direct bearing on nursing and medical care.

4. Therapeutic or curative functions,—giving definite treatments for disease conditions or assisting the physician in medical or surgical measures or in diagnostic procedures.

5. Executive and economic functions,—management of the general details of the pationt's care and surroundings, securing and preparing supplies, organizing and coördinating services, etc.

6. Educational and advisory functions,—teaching, both direct and indirect, of the patient and others in the household or family group, showing, explaining, suggesting, training, as required for prevention or treatment.

7. Social functions,—the term "social" being used here in the sense of social companionship, and also in the larger sense of sharing in community efforts to improve social conditions which affect health and general welfare.

8. Professional functions,—including service to the nursing profession and coöperation with its members, also coöperation with other professional groups, the carrying out of professional courtesies, etc.

—"Fundamentals in the Education of Nurses," by Isabel M. Stewart.

The Conquest of Mrs. Galway

By Elizabeth M. Focht, R.N.

TEARS again! or was she only dreaming? Miss Somebody bounced up in bed listening for sounds from the adjoining room. Yes, there she was off again, crying ounces, quarts, buckets of tears. What should she do with her? She had tried everything and everything availed nothing. In slippers and kimona she flapped into her patient's room; desperately she seized the most uncomfortable chair, placed it under a dim side light and disappeared behind a newspaper. The weeping was suspended.

"Oh, what are you doing *now?*"

"Just sitting here until you're done crying."

"That's a very poor light to read by."

"Yes, it is."

"And that wobbly straight backed chair,—you can't be very comfortable."

"That's true, I'm not."

"And that must be an old newspaper too, for Edward took today's when he went to bed."

"Well, no matter, they're all very much alike."

"I'm so afraid you'll catch cold, sitting there that way."

"I'm pretty tough."

"Oh, won't you please go back to bed?"

"When you're done crying I will."

"I suppose there's no use,—I suppose I can't do a thing with you?"

"Not a thing." A pause of several minutes.

"Well then," said the patient, "I'm done," but she reached for a dry handkerchief.

Miss Somebody looked over her paper: "If you're done, then what do you want with that?" Her patient dropped the handkerchief back on the table.

After ten minutes of arguing with herself behind the newspaper as to the wisdom of her high-handed measure, Miss Somebody ventured a peep at her patient. She was sound asleep; her lower jaw was slowly descending and she was on the point of emitting a gentle snore. Was it a high hand then that she needed? A driving force? She could supply that, thought Miss Somebody, as she returned to bed; they would begin all over in the morning, begin right. The madness of conquest possessed her. And in the morning they began, or rather Miss Somebody began; her patient didn't realize at once that anything was beginning.

Mrs. Galway was the subject of a hunting accident; a stray bullet had ploughed its way through her neck, from side to side, lodging under her left jaw bone. She had been immediately and completely paralyzed except that she was able to turn her head and to speak. After two months with slight improvement and little hope of restoring her to an active life, Miss Somebody appeared upon the scene. She found her patient still in bed putting in most of her time at crying. However she had regained fairly free motion in her right leg, very limited motion in her left; she could move her right forearm a little with some gripping power in her hand, her left arm was entirely useless. All over her body she had strange feelings, tingling or numbness, stabbing pains, aches, sensations of heat or cold. At night she woke in distress from the pain and rigidity of her shoulders and arms.

"Cheer her up," said Dr. Bagripper, "and keep her stepping."

Miss Somebody opened her eyes. "But really, Dr. Bagripper, I'm a nurse, you know, and not a comic traffic cop."

"Well, do what you can with her.

Use your own judgment." And off he went having thus left his orders.

Miss Somebody fumbled about for nearly a week before she discovered her patient's exact need. A marked mental inertia and lack of will power accompanied her paralysis; not that she didn't want intensely to recover; of a naturally cheerful, active and unselfish disposition, she found no pleasure in the role of invalid, yet she seemed unable to take any part in her own salvation and met every effort with tears and protests. The first high-handed measure was to get Mrs. Galway dressed and out of bed. It was accomplished with a kind of mental and bodily agony on the part of Mrs. Galway and a slave-driving expression on the face of her nurse.

Nothing, Miss Somebody calculated, would make Mrs. Galway feel more self-respecting than to be able to feed herself; accordingly her training with that end in view began. Massage and passive exercises gradually merged into active and resistive movements, but they were terrible days,—those days of the second week.

"I can't," said Mrs. Galway.

"You can," said her nurse, "you must, you have to, I'll make you."

"Oh why?" cried Mrs. Galway.

"In order to get well."

"But I'll never get well."

"Yes, you will."

"How?"

"By doing what I tell you. Now, begin—"

"Oh, I can't! What for? There's no use—"

"Yes, there is. Do it for me. I can't do this alone. Try, just to help me."

Mrs. Galway's generous spirit never failed to respond to her nurse's own desperation. "Well, then," she wept, "for you, for your sake—"

"All right," said the nurse, tears in her own eyes, "for my sake. Now, begin,—one, two three—"

They worried along for a week. "Now," announced Miss Somebody, "before you go to bed for your nap we're going to walk to the bath room."

The route to the bath room was marked by two steps into the hall which so far had not yet been essayed. Mrs. Galway was prompt in her response,—

"No, I can't, please, Miss Somebody, those two steps, you've forgotten them, indeed, how can I—*No*—"

But Miss Somebody already had her under way; she wavered a bit when her patient accused her of cruelty, yet resolutely declared that Mrs. Galway had to and must. Well, Mrs. Galway had to, she must and she did; her good leg first, in proper style, and her poor leg second, any style. Near the bath room was a door to an upstairs verandah. Through the glass Miss Somebody observed a neighbor hanging clothes in a rear lawn.

"Who's that?" she inquired.

"Why," said Mrs. Galway, looking out likewise, "that's Mame Goodwin."

"Oh," cried her nurse, "is that—didn't you tell me it was Mame Some-one-or-other who went around saying you'd never walk again?"

"Yes, that's the one."

"Then we'll just walk out here and show her a thing or two. Watch her drop those clothes pins out of her mouth."

Back in her room, after a breathless scramble up the steps, tired but with a hopeful spirit, Mrs. Galway remarked that the doctor hadn't been in since the day Miss Somebody came. "Wouldn't you think," she concluded, "that he'd show a little more interest in my progress than that?"

"But you forget," said the nurse, "that he thinks you are still in bed crying. But it's time he took a look at us." She went off to the telephone.

"He'll come in the morning," she announced on her return, "Now I didn't

tell him what's been going on here, just said we were getting along somehow. So we will make him open his eyes in the morning."

Waiting for Dr. Bagripper the next day was attended by subdued excitement. Mrs. Galway was not put through all of her morning exercises, in order to be fresh for the exhibition. They greeted the doctor at the head of the stairs; he stopped in surprise on the landing and advanced more slowly.

"Why, look here," he said, "what's up?"

"I am," said Mrs. Galway as she returned with composure to her chair. Dr. Bagripper was immensely pleased.

"Well, well," he smiled, "now I suppose a little dose of calisthenics—"

"Calisthenics?" exclaimed Mrs. Galway and her nurse in unison, and they went through all the calisthenics of which Mrs. Galway was capable, the left arm lagging very badly, but the right coming off with honors.

"Well," suggested Dr. Bagripper, "now a few resistive exercises such as—"

"Wait, wait," they cried, and off they went with Mrs. Galway pushing and pulling quite creditably.

Dr. Bagripper rubbed his nose, "Have you tried lacing—"

On the table appeared an old shoe which Mrs. Galway laced with her right hand and steadied with her left; she buttoned and unbuttoned two pieces of canvas as well.

"Anything else?" inquired the now cautious doctor.

"Why, yes," said Miss Somebody, "she can chuck a bank full of money around; and don't you think," she suggested, "that we should charge for this exhibition?"

Dr. Bagripper put a quarter in the bank. When he ended his call he turned solemnly to the nurse: "Just continue following my orders," he advised, "cheer her up and keep her stepping. I'll see you again next week."

"Next week she will be skinning the cat," said Miss Somebody as solemnly as he, "and the charge will be fifty cents."

But next week Mrs. Galway was going out for automobile rides; in another week she was walking alone. Four weeks after her arrival, Miss Somebody departed. The Visiting Nurse would come in, bathe and massage Mrs. Galway; her husband would put her through her exercises and the rest of the family would keep an eye on her in turn.

"And next week when I drop in," said Miss Somebody as she took her leave, "you will be able to throw the bank of money clear across the room."

"Oh, I'm sure I never—," began Mrs. Galway, ending valiantly with, "I certainly will."

But the first words she said when she next saw Miss Somebody were, "Well, I can't do it."

"Can't do what?" inquired Miss Somebody.

"Can't throw the bank across the room."

Miss Somebody handed it to her: "Go ahead; throw it."

Mrs. Galway with sudden energy gave it a fling; it flew across the floor through the doorway into the adjoining room where it rolled against the baseboard with a clatter. They looked at one another.

"There, you see," said Mrs. Galway, tears in her eyes, "you should come oftener."

"I don't know," replied Miss Somebody, "perhaps not at that rate."

Mrs. Galway's progress was slow, but well worth while; there were muscles which never regained their function and odd sensations still persisted, but she was far from helpless and escaped the distress of being a burden to others.

She came at last to where she could get about anywhere, unaided, assumed light household tasks, did her own cooking, and enjoyed living again. Her one difficulty was in combing her hair. "Bob it, bob it," cried Miss Somebody on paying her a call.

"A grey-headed woman like me?" protested Mrs. Galway.

"Why that would only be sensible," argued Miss Somebody.

And on her next call, bobbed it was. "I thought," explained Mrs. Galway, "that if you approved, it surely ought to be the right thing to do."

"My goodness," sighed Miss Somebody, "if only every one would mind me as you do, what a pleasant place this world would be."

What wonder then that Miss Somebody, when things go wrong, takes time to call on Mrs. Galway; for there she sits and listens while Mrs. Galway calls her blessed. It makes up, you know, for that queer old lady who, one morning, when Miss Somebody was joyfully washing her face, announced that she had not the right temperament, after all, and another nurse would be along at noon. It makes up, too, for the violent grandfather of the impossible grandchild and the remark he made, as he ushered her to the front door, to the effect that perhaps she called herself a nurse but he called her something else. "Certainly," Miss Somebody had readily agreed, "we differ."

"Why if it hadn't been for you," insists Mrs. Galway, "I would still be in bed crying, or far more likely, dead. Supposing you hadn't made me—"

"Oh, now," protests Miss Somebody, "if it hadn't been I, some one else would have been raised up to save you."

But Mrs. Galway doesn't think so.

Hay Fever Treatment

DURING the last ten years a rapid advance has been made in the study of hay fever. It is now possible, through skin tests, to determine the specific pollen which causes hay fever in each patient. This is done by means of skin scratches on the arm into each one of which is dropped a weak solution of a different pollen. After thirty minutes, a positive reaction is shown by an increasing redness, swelling and severe itching. The degree of susceptibility is shown by the size of the wheal and the amount of swelling.

Having found the kind of pollen to which the patient is susceptible, the next step, aside from moving out of the vicinity where this pollen abounds, is to start a prophylactic treatment several months before the hay fever season is to start. This consists of injections into the arm of an extract of the specific pollen found by the skin test to cause hay fever. Injections are continued every three or four days, in progressively increasing doses. This should develop an immunity to the disease. Curative treatment is similar. A vaccine is prepared with the specific pollen and is used in such dilution as gives no greater local reaction than was shown by the original diagnostic test.

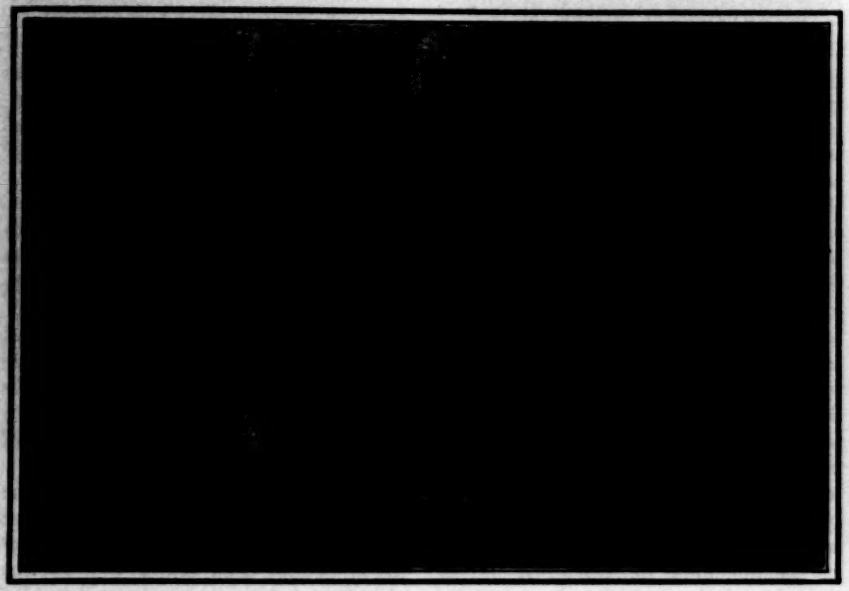
Research work has pointed out the need for caution in using pollen therapy and vaccine. Persons should consult their physicians for advice. Individual reactions should be watched carefully, and the preventive and curative dosage regulated accordingly, as there seems to be some difference in individual susceptibility to it.

An intensive treatment of hay fever has recently been reported by Dr. William Scheppegrell, President of the American Hay Fever Prevention Association. In place of the three or four day period, doses are given daily and rapidly increased, until the hay fever season approaches, when the dosage is reduced one-half and is given only twice weekly. This intensive preventive treatment has resulted in freeing seventy-three per cent of the patients from hay fever, and giving marked relief to twenty-three per cent.

—Connecticut State Department of Health.

Modern Nursing in Brazil

By Ethel Parsons, R.N.



IT was in 1921 that doctors in the National Department of Health first became seriously conscious of a need for public health nurses to assist in the development of the various activities of the Department through follow-up care of patients under treatment in the government dispensaries in Rio de Janeiro. Dr. Carlos Chagas, General Director of the National Department of Health, visited the United States, and requested the coöperation and assistance of the International Health Board in developing a public health nursing service that would fulfill the keenly felt needs of the directors of the various bureaus of the Department.

The services of a member of the staff of the International Health Board were lent to Brazil to make a study of the situation, and to recommend a program of procedure to the Brazilian Government.

As the first step in adapting the North American system to the particular needs of Brazil, a Service of Nursing was established in the National Department of Health that has equal rank with the other bureaus of the Department, under which all nursing activities operate. It is worthy of note that Brazil was the first country in the world to establish such a bureau in the *National* Department of Health.

Since there were no schools of nursing in Brazil giving adequate preparation for this work, it was decided to establish such a school as an annex to the Hospital Sao Francisco de Assis, later renamed Hospital Geral de Assistencia.

From the beginning, Dr. Carlos

Chagas, with the highest idealism and sense of patriotism and a clear vision of the possibilities for the future development of the profession of nursing in Brazil, determined that the School should be established according to the highest recognized standards in the world today. He saw, through this undertaking, that the country could be supplied with the much needed technical service of skilled nurses. He also saw that, for the women of Brazil, there would be an opportunity for a great patriotic service and, through the relief of suffering, an opportunity for self-expression, that would be rich in spiritual satisfaction to themselves. He determined from the beginning to accept into the School of Nursing, only students whose personal qualifications were of the highest order and who have a Normal School diploma, or its equivalent, in education.

Since it was recognized that such a school must be directed, and that nursing technic must be taught by nurses, the coöperation of the International Health Board was again requested, and arrangements were made for the employment of a staff of (North) American nurses, one of whom would act as director, and the others as instructors of the theory and practice of nursing, as well as ward supervisors, in the new school.

Although there was much interest in the plan, there was doubt of success in the minds of many Brazilians, as the entire project of this type of school of nursing was an untried venture in Latin America, with the exception of Cuba. Would Brazilian women of the better class be sufficiently interested in the new profession to be willing to leave their homes and go through the interesting and inspiring, though difficult, training required? The exaltation and spiritual satisfaction that comes to a nurse from her part in the relief of suffering and saving of life was as yet unknown to them.

Funds for the School of Nursing were exceedingly limited and, both from financial necessity and prudence, it seemed best to begin modestly. A small house next door to the hospital was rented and, with some modifications, adapted to the use of classrooms and residence for the graduate nurse staff and sixteen students.

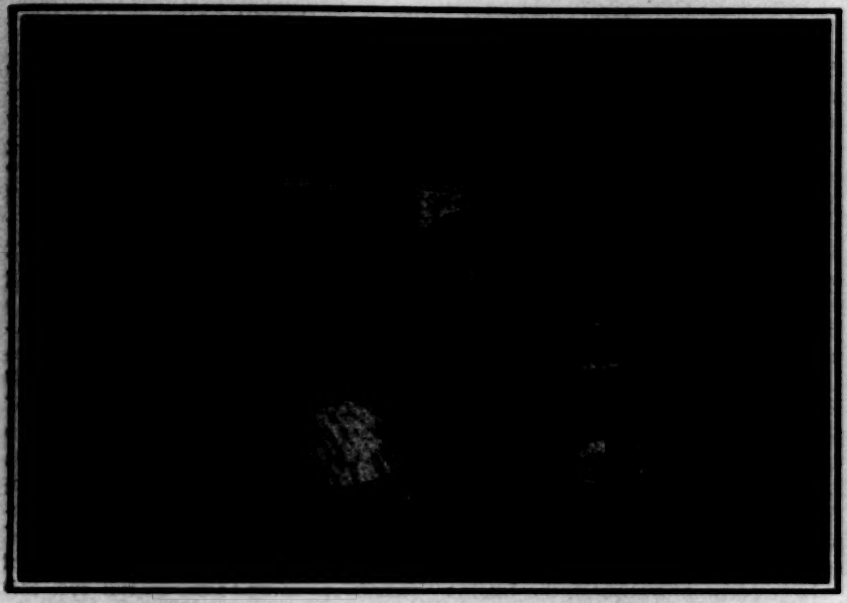
Since there was the pressing problem of getting nurses into the public health field as quickly as possible, the course was reduced to the minimum of time, two years and four months, and a program outlined for both theoretical and practical work. Propaganda for recruiting students was made through the newspapers, magazines, radio, talks to groups and a very effective pageant of the history of nursing.

Meanwhile directors of bureaus in the National Department of Health were impatient of delay. In order to meet the immediate need, and to improve the already existing service, it was decided as a temporary measure, to give a six-months' emergency course for health visitors to those women already employed.

Again the coöperation of the International Health Board was requested, and there were selected and sent to Brazil seven well trained and capable American public health nurses, of considerable experience, to act as instructors and supervisors for the respective zones, and one for the venereal disease service.

Meanwhile, modifications on the hospital and in the building to be utilized by the School of Nursing, were completed. The director of the school and nurse instructors arrived from the United States and the School opened on February 19, 1923, with thirteen resident students.

This was far too small a number,



THE LIBRARY IN WHAT WAS FORMERLY THE BAR-ROOM OF THE HOTEL

indeed, with which, after two years and four months of training, to hope to meet the demands of the very active dispensary attendance. In order to attempt to meet the ever increasing demands of the Directors of Bureaus, it was decided to open, concurrently with this course, (that would lead to a diploma of nurse), a ten months' emergency course that would lead to a certificate of health visitor, and would give to the student, ten months' credit of time in the course of nursing if, later, she should wish to complete the longer course and secure a diploma.

Such a procedure, giving a short course in a new country, might well have endangered the educational standards of the profession of nursing for years to come, had it not been for the firm legal and moral protection that was thrown about the undertaking. By December, 1926, the last of the health visitors were replaced by graduates of the Class of 1926. Thus, the emergency staff of health visitors in Rio de Janeiro has passed into the archives of history and, with a growing staff of fully trained public health nurses, the developments of the future promise to be soundly constructive.

Since the beginning, the School of Nursing has steadily continued to grow in prestige in the minds of the people. Within a year it outgrew the capacity of the little rented house next door to the hospital, and a second house that would accommodate twenty-six students was rented, nine minutes distant by motor. The students were transported to and from the hospital by motor bus.

This arrangement only partially solved the problem, for there was only one classroom which was used for both lecture and demonstration room. The hospital laboratory was used, during hours that it was unoccupied, as a classroom of microbiology, and dietetics could be taught in theory, only, as it was impossible to arrange a dietetic laboratory. Meanwhile, demands for more and more nurses who had graduated

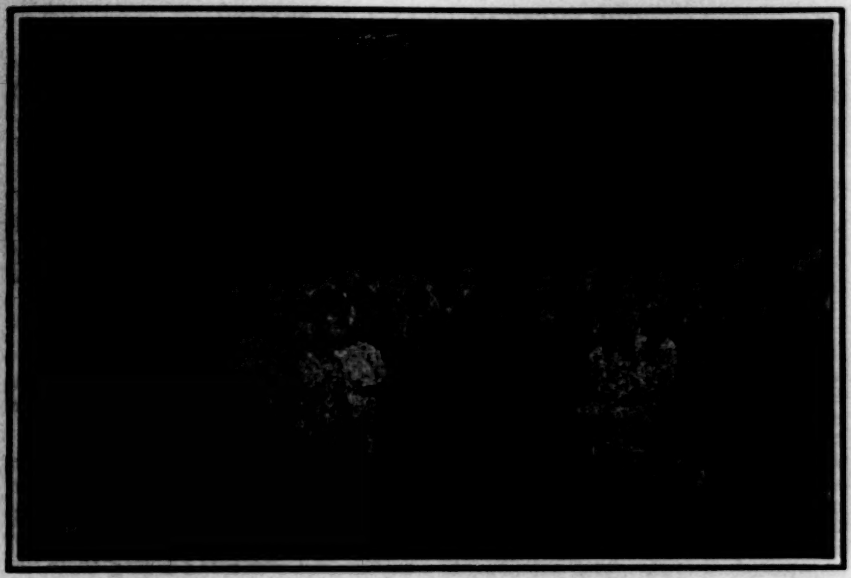
from the School continued to pour in. State departments of health wanted public health nurses for their rapidly growing activities, requests were coming from hospitals, both government and private, from every part of Brazil, for graduate nurses to supervise their nursing service, and in some instances to organize schools of nursing. Dr. Chagas and the then Minister of Justice and the Interior, Dr. Affonso Penna, Junior, were eager to supply the need, and in 1925 conceded the government-owned Hotel Sete de Setembro, to be used as a nurses' residence. Beautifully situated, and large enough to accommodate the graduate nurse staff and ninety students, although well constructed for a hotel, the building was not entirely suitable for a nurses' residence.

In response to a request, the International Health Board appropriated $130,000.00 for the purpose of modifying and furnishing the building, the purchase of two motor buses for the transportation of nurses and students to and from the hospital, and for the construction and equipment of a suitable classroom pavilion on the grounds of the Hospital Geral de Assistencia. By Presidential decree, the new school was named the "Escola de Enfermeiras D. Anna Nery," in memory of a Brazilian woman who nursed the sick and wounded in the military hospitals during the war with Paraguay and who has been called by them the "Mother of the Brazilian soldiers."

In April, 1926, nurses and students were moved into the new residence. When completed, in July, 1927, the classroom pavilion will have every convenience for the instruction of nurses. It will contain two large lecture rooms that can be thrown into one for general assembly meetings; a well equipped microbiological laboratory; an equally well equipped dietetic laboratory; a demonstration room, a "teaching center" and office for the surrounding "Practice District," where students will be given special instruction in public health nursing technic, bedrooms for the housekeeping personnel and students on emergency night operating-room duty; rest; lunch; locker; and utility rooms. Not only can all courses be given with greater facility but the content will be very much improved.

Meanwhile facilities for practical experience have also been steadily improved. With the addition of a small obstetrical ward, in 1926, the course of instruction was lengthened to two years and eight months. The wards of the Hospital Geral de Assistencia now provide, as a laboratory for practical instruction, medical and surgical wards of both men and women, an obstetrical ward, operating room, special eye, ear, nose and throat, and general ambulatories. Experience in transmissible disease nursing is given in a new pavilion for acute communicable diseases in the Federal Communicable Disease Hospital. Thus the School has facilities for teaching both theory and practice in all required subjects, except practice in the care of children. This is available in an admirable infants' hospital under the Bureau of Child Hygiene, and with the growth of the student body, it is hoped to take advantage of the opportunity afforded by its Director during the coming year.

With all the rest of the civilized world, the D. Anna Nery School of Nursing has shared the problem of recruiting an adequate number of students of a high type who have both the preliminary education and a real vocation for the art of nursing. In the beginning there was a comparatively small group of doctors and laymen and women in Brazil who, in their travels in Europe and the United States, had seen and been impressed by the work of the nurses in those countries. However, it



GROUP OF NURSES AND STUDENTS ON THE DAY OF INAUGURATION OF THE NEW NURSES' RESIDENCE, JULY 27, 1926

"The establishment of the School of Nursing in Brazil ranks second only in importance to the elimination of yellow fever by Dr. Oswaldo Cruz."
DR. CARLOS CHAGAS.

is not an exaggeration to say that in the mind of the average person in Brazil, the position of a nurse is no higher than it was in England before the coming of that patron saint of all nurses, Florence Nightingale. Considering the national and traditional prejudice, the response of Brazilian women to the invitation to enter the School of Nursing has been as satisfactory as could be expected in so (to them) radical an adventure, though far below the requirements for their services. Those who have entered the school, not only with the object of earning a living, but from the highest ideals and motives of preparing themselves for a great patriotic and humanitarian service, have shown a spirit of devotion and idealism that is an inspiration to see, as well as excellent executive ability and energy in practical work.

Two classes, of fourteen and twenty-one students, respectively, have graduated, in 1925 and 1926, and it is expected that the end of 1927 will see the school filled to capacity with 90 students. Students who demonstrate exceptional qualities of leadership are being sent to the United States for post-graduate study on fellowships from the International Health Board and as they return, replace the American graduate nurses now there.

During this process of evolution, growth and development of the School of Nursing, public health nursing activities were developing as well as could be expected, considering that the personnel was inadequately prepared and inadequate in numbers. From the beginning it was necessary to proceed slowly and carefully, in order to be assured of a sound foundation for all future building.

As public health nurses graduate from the School of Nursing, and are assigned to districts, in substitution for the health visitors, it is possible to approach the

ideal of good service, and steps are gradually being taken toward the realization of a generalized public health nursing service.

From the experience of the past five years in a field conspicuously new, certain significant conclusions can be drawn that should be of value not only to Brazil but to all Latin America, viz.:

In the realm of nursing education:

(a) When a School of Nursing is well planned and well organized, as a distinctly educational institution, which places the profession on the high plane of idealism where, as "the most beautiful of the arts" it belongs, Brazilian women of good cultural and educational background take advantage of the opportunity for usefulness to their fellow-men and enter the profession. Also, with adequate training and experience, they are capable of a devotion and consecration to duty, of skill, initiative and executive ability that is second to none in the world.

(b) A School of Nursing, to be properly efficient, must be under the direction of a well trained nurse who has, herself, had adequate experience in teaching and supervision.

In the realm of public health nursing:

(a) A service of nursing in a government department of health should be an independent bureau of equal rank with other bureaus, giving nursing service to each division of the department according to particular needs of each.

(b) The organization of a general service of public health nursing in which a section of the city is served by one nurse who sees the health and social problems of the families under her care, as a whole, is more economical and efficient than a specialized service, in that it insures the greatest amount of work with the least expenditure of funds, and with the fewest workers.

(c) In order to guarantee the best possible service, public health nurses should be women of the highest type with good social and educational background. In technical education they should have at least two years and four months training in a general hospital in the care of men, women and children, in medical, surgical and contagious diseases, as well as thorough training in obstetrics. Subsequently they should have a special course of at least four months (and preferably eight) in public health nursing.

(d) The salaries of these nurses should be as high as those of women in the other higher professions of the country.

While much progress has been made during these past few years in Brazil, there is still much to be done before the ideal can be realized, that every sick person shall have skilled nursing care; every baby may be well born; and that rich and poor may have an equal opportunity for health. Said the late Carl Schurz, in the evening of his life:

> In my youth I hoped to see the Temple built! Now I am content if I have put in one stone.

We know that only the foundations of the temple of the modern profession of nursing have been laid, but that those foundations are sound and will sustain any amount of future building, there can be no doubt. The height of the temple depends only on the efforts of the present and future nurses of the country.

The North American nurses who went to Brazil on the invitation of Dr. Carlos Chagas, to give to a friendly nation the benefit of the experience that had been acquired in their country, through years of trials and errors, and their own assistance in training the women of Brazil for a great patriotic service and a profession rich in spiritual satisfaction to themselves, have found in that beautiful country, a cordial hospitality, and those indispensable factors of success,—keen interest and intelligent, sympathetic understanding—among the most progressive of the people. Especially have doctors and public officials given their hearty support to the new project. It would be impossible to close this article without a word of appreciation of the unfailing, highly intelligent and sympathetic understanding and support of the new profession both by Dr. Carlos Chagas, who inaugurated the service, and by Dr. Clementino Fraga, appointed Director of the National Department

of Health in November, 1926. Brazilian nurses will ever owe to them a debt of gratitude that can only be repaid by each nurse doing the very best work of which she is capable, thus making her best contribution to the progress of the sanitation of the country to which they give their own distinctive, devoted and valuable services.

There is every reason to have confidence in the progress of nursing in Brazil in the future, but—there was a wise admonition of Florence Nightingale:

> Don't talk about your plans. Tell what you have accomplished.

That, in the words of Kipling, is "another story," and must be written later, by the doctors, nurses and patients who follow.

A Private Duty Experience

(This is one of the stories of conspicuously good private duty work procured by registrars)

By Zuhne M. Tauzin, R.N.

I WAS called on the phone by one of our best physicians and asked to go on duty in a home where there were six persons very ill from food poisoning. The doctor asked if I had the use of a car and, when he found I was depending on a street car, told me he would come for me and save transportation time. We arrived about noon. En route, he apologized profusely for "wishing on me" such a case. He had called about half a dozen practical nurses and graduates but no one was willing to attempt care of so many patients. When we reached the house he again remarked that he was ashamed to take me in, *"but someone must help these people."*

To this house of eight rooms, situated in a fairly nice neighborhood near the beach, the family had moved three weeks previously. It is not possible to describe in detail the condition of the house, revealed when the door was opened.

The entire family had become ill, following a Thanksgiving dinner. There were the remains of feasting—dirty dishes (a colored woman had attempted to wash some of the dishes but grew discouraged and left).

The family consisted of the mother, about sixty-five years of age, an unmarried son of about twenty-seven, employed as a hotel porter, a daughter of twelve, two daughters married to policemen, and a baby of ten months, bottle fed. (Although not counted as a patient, the baby was sick also). Only one policeman was ill, as the other had been on duty at the time of the Thanksgiving dinner. Consequently, he was well enough to be away from the house at the time I was called.

Two prescriptions filled at a near-by drug store were on hand. I had orders to give liquid diet, etc.

Before I could do anything for the patients, it was necessary to mop the floor with lysol solution. The doctor stooped to pick up a rug from beside a bed, which he intended to throw out the window but, man-like, he was spreading the excreta which soiled it, in the attempt. I asked him not to bother but to leave the removal of rugs to me. The weather was warm, so that I had free ventilation with all doors and windows wide open.

The old lady, because I respected her age and suffering, I chose as my first patient. One married daughter was able to be up and about, although she needed temperature taken and mustard plasters.

Not one of the patients was undressed; so I undressed them, put on night gowns, and got them comfortably in bed. All the clothing which I removed I put on a back porch, with the week's accumulation of soiled diapers, which I found under a stairway closet.

I washed the dishes, because I needed something in which to serve nourishments.

The appearance and odor of the house had been so improved when the doctor returned later in the afternoon, that his first exclamation was to ask if I had moved. He repeated, "It was my full intention to return and help you, but calls piled up." His satisfaction was worth seeing when he found I was keeping a chart for each patient. I remained until 8 p. m., in order to leave them fixed up for the night. Needless to say, I was supperless until I arrived home, as one could not take food in that house.

The next day the doctor called and told me they were sufficiently improved so that he would discharge me. Therefore, close to the end of this day, I explained to the mother I would not be back the next day, as the doctor felt they no longer needed the service of a graduate nurse.

I had phoned the superintendent of one of our hospitals to ask what I should charge for my services for six patients. The charge here is six dollars per day and two dollars for additional patients. I was advised to charge six dollars for one and only two dollars additional for the other five patients, because even though three families were sharing the expense, they would not all be living in one house for any reason but economy. The doctor, patients and I, would all be better satisfied if my charge was not more than nine dollars (one dollar for meals). Therefore, I charged four dollars for those first eight hours, from noon to 8 p. m., and nine dollars for the following day.

I presented my bill and explained the charges to the mother, whom I regarded as the responsible person in that family. She asked me to wait until the 15th of the following month for the money.

When I bade good-bye to the policeman, who was still in bed and expectorating about the room, he could not understand why I was not returning next day. I explained that the doctor did not feel they needed a nurse; they needed a housekeeper whom they could pay for a whole week with the amount I charged for one day's service. He was argumentative and refused to see what that had to do with it.

I waited for my money, when it failed to come as per agreement on the fifteenth, until the first of the following month; then I dropped in for a friendly call one evening when off duty. They were not so sure they could get the money for me, but would call me on the phone next day. I told them it was no trouble at all for me to stop in the following evening. I called three times before they paid the bill.

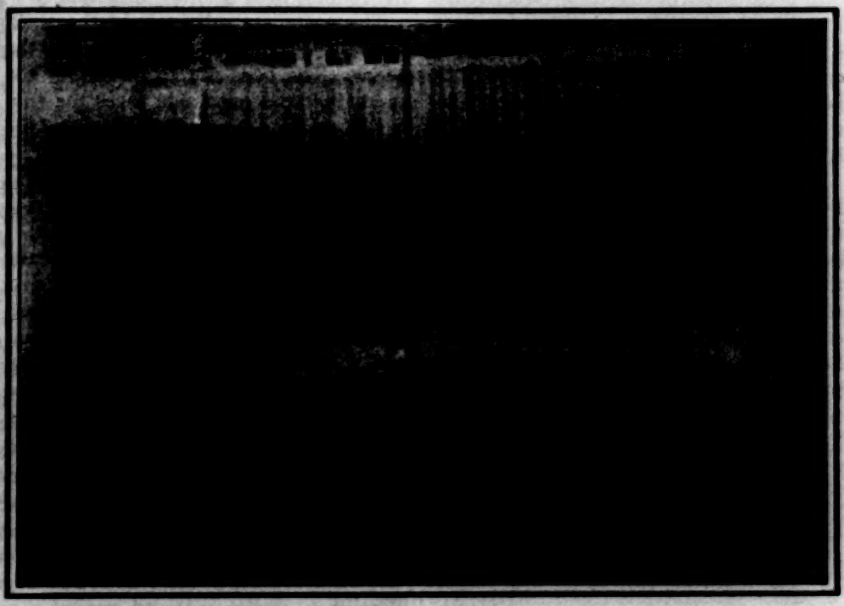
I do not feel that these people were capable of appreciating the type of service this case required, but my doctor has told and retold the circumstances and I have been called to nurse in his own home.

FOUND—A pin, bearing on the back, the name, L. A. Crowther, evidently a graduate of Taunton State Hospital. The owner should confer with E. Augusta Lamberger, Red Cross Nursing Service, Chamber of Commerce Building, Pittsburgh, Pa.

WANTED.—A copy of the Edith Cavell edition of the Imitation of Christ. Will pay more than the original price, if necessary, to obtain a copy. Communicate with the American Journal of Nursing, 19 West Main Street, Rochester, N. Y.

A Heliotherapy Tent

By Margaret Tracy, R.N.



A Tent Developed by the Yale School of Nursing, New Haven Hospital, New Haven, Conn.

When an experiment was started in our hospital in the use of heliotherapy in the treatment of tuberculosis of the bones and joints, several nursing problems arose. The treatment is one which requires the exposure of the patient's almost nude body, for several hours a day, to the direct rays of the sun. Since we had no separate wards for such patients, they had to be put on the wards with the other orthopedic patients.

There was no available roof for the treatment. The porches which had to be used were quite public, exposed to the view of dozens of people passing constantly. They had to be shared, also, with other patients in the ward. Our first problem, therefore, was how to secure the maximum amount of privacy for such patients.

The use of a screen around the bed cut off some of the sun and cast shadows on the patient's body which interfered with the treatment. A single large curtain which separated a portion of the porch for the use of these patients also, at times, cut off the direct rays of the sun.

On windy days, patients complained constantly of the cold. When the wind was eliminated, exposure to even lower temperatures caused no discomfort. To meet these two problems, a maximum of privacy for the patient and a shield from the wind, we devised the heliotherapy tent shown in the illustration. Its use has not only eliminated the difficulties mentioned above, but we have found it a very great comfort for any patient who is kept on the porch in cold weather.

The tent is made of heavy khaki in a rectangular shape to fit the bed. Since our beds were of the type where the foot board is lower than the head board, a light wooden frame was made by the carpenter which can be attached to the bed. This can be adjusted in a few minutes and is attached so that the tent is of equal height top and bottom.

The tent fastens snugly over the frame on three sides and the top; it extends for a foot below the line of the springs on all three sides. Heavy tapes, tied to the frame, hold it in place. The top of the tent is adjustable, so that it can be folded back to any desired depth. Strong snaps which fasten to the side pieces hold it taut in any position. This feature permits the top to be folded back entirely when the sun is directly overhead; or partially, when the rays are coming in a slanting direction.

The tents are adjusted in the ward before the patients are taken to the porch. The beds are so placed on the porch that the open side faces the sun. A half-dozen patients can be given the treatment at one time, yet each be shielded from the view of other occupants of the porch. Since only one side of the tent is open there is no draft.

In using these tents for patients, other than those getting heliotherapy, we find that it enables us to keep them outdoors, even in very severe weather, with a minimum of discomfort. Many of our patients have been enabled to sleep out-of-doors entirely.

Breast Feeding

AN extremely practical folder, BREAST FEEDING, has recently been published by the Children's Bureau, U. S. Department of Labor. Some of the headings are: The Care of the Mother's Breast, The Hygiene of the Mother, A Day's Food Plan for the Nursing Mother, Nursing Hygiene, Weaning.

Under "Additional Foods" we find the following:

"Even the breast-fed baby must have supplementary foods if he is to attain the best possible development. Fresh cod-liver oil and orange juice are given before the baby is one month old.

"Cod-liver oil should be used in its original form with nothing added to it. The taste need not be disguised. At the start one-half teaspoonful should be given twice a day, and by the end of the third month one and one-half teaspoonfuls twice a day. Cod-liver oil should be given for two years. On hot days it may be omitted if a sun bath is given.

"At first one tablespoonful of orange juice in an equal amount of water should be given daily, and this amount increased rapidly to two tablespoonfuls. If oranges cannot be had, strained tomato juice, fresh or canned, may be used. The fruit juice is given half an hour before nursing.

"Exposure of the baby's body to direct sunlight and feeding him cod-liver oil and orange juice, cause the most complete utilization of the breast milk so that the baby's bones and teeth grow in the best possible way. (See Children's Bureau Folder No. 5, Sunlight for Babies.)

"Warm boiled water; unsweetened, should be offered the baby after the first day of life, one ounce at a time, two or three times daily. Babies differ in their desire for water, after the habit of taking it is acquired. As a rule, the breast-fed baby takes less than the bottle-fed. The baby may refuse water entirely with no serious results."

A Conspicuous Service Award

By Leonhard Felix Fuld, Ph.D.

FOUR years ago, a friend of Bellevue Hospital gave to that institution a permanent endowment fund with instructions that the income was to be applied to rewarding suitably each year the member of the graduating class of the School of Nursing who had, during her connection with the hospital, *rendered the most conspicuous service to a patient*.

The award is made by a committee consisting of the General Medical Superintendent of the Hospital, the Director of the Nursing Service, and a professional personnel consultant. Reports of acts and occurrences deemed worthy of consideration in connection with this award are made to the Director of the Nursing Service at the time of their occurrence by supervisors and others having knowledge of the facts. The actual selection of the recipient of the award, each year, is a difficult problem. So far as is known, no other school of nursing has a similar award. Many cases reported are barred from the competition because they are merely acts of heroism, such as the restraining of a delirous patient at personal risk. The committee is of the opinion that most men and women are courageous in an emergency and that this reward should not be given to a nurse who has merely had an opportunity not presented to others.

Other cases are eliminated from further consideration because a careful analysis of the facts shows that the nurse only did her duty and what every nurse is expected to do, under penalty of reprimand for failure.

The recipient of the award is usually a nurse who has shown, by her act, professional skill, devotion or attention to duty greater than might reasonably be expected of her under the circumstances, and so far the award, under the administration of Miss Rottman, has been made only in cases where the life of a patient has been saved by the nurse's act.

The award this year was made to Elizabeth Campbell of Pawtucket, Rhode Island, a member of the class of 1927, for the act described in the following citation:

Bellevue Conspicuous Service Award
to
Miss Elizabeth Campbell

For keen observation, quick perception, accurate judgment, perfect self-control and mastery of an emergency situation.

While passing along the corridor of Ward Ground A (Children's Ward) on her way off duty, Miss Elizabeth Campbell noticed a restless infant who was suffering from pneumonia, lying in its elevated crib and who had squirmed into such a position that it was about to slide off and to the floor. Throwing off her cape to give herself maximum freedom of movement and with a cry which instantly

brought everyone in the Ward to attention, she dashed around the half open door of the Ward and caught the infant in her arms just as it was about to fall to the floor on its head, thus saving its life.

New York, March 10, 1927.

(Signed) MARK L. FLEMING,
General Medical Superintendent
Bellevue and Allied Hospitals

(Signed) MARIAN ROTTMAN,
Director of Nursing Service
Bellevue and Allied Hospitals

The recipient of the award is given a citation bearing the autographic signatures of Dr. Mark L. Fleming, General Medical Superintendent, and Miss Marian Rottman, Director of the Nursing Service, and a diamond studded eighteen carat gold miniature of the Bellevue School pin, manufactured by Tiffany & Co.

It is believed that the Bellevue Conspicuous Service Award as administered at present by the officials of the Bellevue School of Nursing is a stimulus to the students to even greater devotion to the welfare of their patients and a reward for that student who, in the opinion of a committee actuated by the highest ideals of fair-mindedness and impartiality, has rendered the most conspicuous service to a patient usually resulting in the saving of a life.

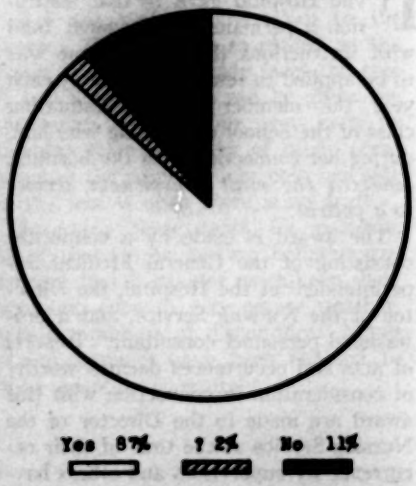
AT the Babies Hospital in Cleveland, cleaned X-ray film is used to cover the charts, many of which record valuable research. All of these are kept in excellent condition by this very simple device.

AT the Babies Hospital in Cleveland, it has been found that, if the electric breast pump is in use and a second one is needed, the vacuum apparatus, carefully controlled, provides an efficient substitute. It is a point worth noting by hospitals that are not yet equipped with an electric breast pump.

From the Study of Private Duty

BY MAY AYRES BURGESS, Ph.D.

What the doctors answered



To the question "Would you like the same nurse again?"

WHAT do the Doctors think about Nurses? The Committee on the Grading of Nursing Schools is beginning to find out in interesting and encouraging detail. The diagram which is shown here is one of a series shortly to be released by the Grading Committee. It shows that, in 87 per cent of all the cases reported, the doctor was pleased with the nurse's work and would be glad to have her on a similar case again; while in only 11 per cent was he definitely dissatisfied.

The comments the doctors make are illuminating and helpful. When the Grading Committee's report is published, we must take that black 11 per cent, and study who those nurses were, and what it was that made them unsatisfactory in the doctor's eyes. In the meanwhile, however, let us rejoice that so large a majority of the nurses are reported by the doctors as having done a good job.

The Fiftieth Anniversary of the New York Hospital Training School for Nurses

By Pauline Jordan, R.N.

THE May celebration of the fiftieth anniversary of the New York Hospital Training School for Nurses is a reminder that the modern graduate nurse is a comparatively recent development; so recent, that the first nurse to receive her diploma from the New York Hospital, one of the oldest training schools in this country, is still actively engaged in private duty. The conditions preceding the founding of nurses' training schools can best be imagined by looking over the old records of New Amsterdam.

In the *New Netherland Register* for February, 1652, the following decision was recorded:

> On the petition of the chirurgions of New Amsterdam that none but they alone be allowed to shave: the Director General understands that shaving doth not appertain exclusively to chirurgiry, but is an appendix thereunto; that no man can be prevented operating on himself, nor to do another this friendly act, providing it be through courtesy, and not for gain, which is hereby forbidden. It is then further ordered that ship barbers shall not be allowed to dress any wounds nor administer any potions on shore without the previous knowledge and special consent of the petitioners.

Such was the position of physicians

in that day, and this was their original Medical Practice Act.

At this same time Mrs. John King Van Rensselaer wrote:

> A midwife by the name of Maryje Jans was sent to the Colony, and also two men by name of Sebastian Jansen Crol, and Jan Huyck, sick men's comforters, who were ordered to nurse and doctor the injured, and also conduct prayermeetings, read the Bible, and look after the welfare and morals of the community.

A century later, the first class of medical students was graduated from Kings College, on May 16th, 1769, in old Trinity Church. Dr. Samuel Bard, a Kings College Professor, called attention to the fact that in a colony of 300,000 souls there was not a single hospital bed. His stirring appeal met with an immediate response, and the Governor, Sir Harry Moore, headed the subscription for the much needed hospital. A year later, five acres were purchased west of Broadway, at Duane Street, and the original New York Hospital was completed in 1775, only to be destroyed by fire. After its restoration it was occupied by Continental troops until the city was captured by the British, who used the buildings as military barracks and hospital.

For a time after the hospital was evacuated by the British, it was used as a meeting place for the State Legislature, with a number of rooms given over to Scotch emigrants as a temporary shelter. When the hospital was reopened, it was used as an educational center for Kings College medical students, and some rooms were set aside for their anatomical work. During the winter of 1788, the rumor got abroad that the medical students were robbing graves to get subjects for their work. One morning a young surgeon was dissecting a subject when some young boys climbed a ladder and looked into the room. The story goes that the young surgeon flourished an arm—not his own—at the boys. They fled to a mason who told his comrades and all gathered what tools they could find to use as weapons. Their numbers increasing as they told the tale, a large crowd gathered and the city was in a tumult. They surrounded the hospital and broke down the doors. Finding several subjects in the dissecting rooms, they destroyed all the anatomical specimens and swore vengeance on all the doctors in the city. A number of houses were ransacked from cellar to attic, including the house of Dr. Hicks, who managed to hide behind a chimney on his roof. The following day the mob was greater, storming the jail where the doctors had taken refuge. The Governor and Mayor tried in vain to quiet them, and finally gave the order to fire to disperse the crowd. This event was known as "The Doctors' Mob."

In 1799, Dr. Valentine Seaman performed at the New York Hospital the first vaccination against smallpox in this country. He also gave the first regular training in nursing that was given in any American hospital, organizing a class in maternity training, consisting of lectures and ward practice. The following seventy-five years record a brilliant series of operations, performed by New York Hospital surgeons, all "firsts." In 1873, Bellevue established the first training school for nurses; in 1877, four years later, the New York Hospital followed.

Irene Sutliffe entered the New York Hospital in 1878. She had been very much interested in the Bellevue experiment, but read of the new school at the New York Hospital in *Harper's Magazine*, and was particularly impressed with the story of the beautiful solarium for sick patients, on the roof. After Miss Sutliffe's graduation, she was Superintendent of the Training School for fifteen years, and she is still actively

interested in nursing matters; she was Chairman of the recent celebration which included a service at St. John's Cathedral, a day at Bloomingdale and Campbell Cottages, receptions at the Hospital and Nurses' Club, visits to Henry Street and the Maternity Center, reunions of classes and a dinner at the Hotel Astor.

Many graduates of this hospital have left a deep imprint on the nursing profession: Annie Goodrich, Dean of the Yale School of Nursing; Lillian Wald, founder of Henry Street Settlement and pioneer in public health nursing; Lydia Anderson, who has taught nursing throughout New York City for thirty years; Florence Johnson of the Red Cross; Mary Louise Twiss, for years treasurer of the American Nurses' Association; Mary Beard of Rockefeller Foundation; Major Stimson, Dean of the Army School of Nursing, and a host of others have given their lives to devoted service. To their schoolmates who follow after them, they can leave no finer message than that which is engraved on the old silver seal of the hospital, "Go and Do Thou Likewise."

Dean at Western Reserve

Nellie X. Hawkinson Accepts Important Post

WHEN important positions in nursing are abruptly vacated, as was that of the Dean of the School of Nursing at Western Reserve, because of Miss Powell's illness, the profession fairly gasps, for the field of university education of nurses is still so young that very few persons have had either time or opportunity to prepare for posts which not only demand real academic accomplishment but require also rich administrative and personal gifts. Western Reserve is unique. It offers an unparalleled opportunity, for it has not only Mrs. Bolton's endowment and the admirable teaching resources and fine traditions of a great university, but it has the splendid clinical resources of three extremely well organized hospitals; Lakeside, which is soon to be rebuilt, and Maternity and Babies' which are the "last word" in hospital construction. The communicable and psychiatric departments of the City Hospital are also drawn upon.

Western Reserve is especially rich in the finest of all nursing traditions, built up through the years at Lakeside and Maternity, pride in giving that exquisite care to patients which worthily exemplifies Miss Nightingale's saying that "nursing is the finest of the fine arts."

Cleveland, too, is unique. Probably no other city has developed quite so keen a sensitiveness to health. Few have such a group of keen-minded citizens intelligently and sympathetically concerned with the education of nurses.

Nellie X. Hawkinson has accepted the position of Dean made vacant by Miss

Powell's resignation. She has done so in the most modest fashion and with full knowledge of the obligations involved. She should justly be thrilled with pride over the distinction, for the Committee responsible for the appointment, entirely capable of taking a world view of possible candidates, focussed upon a woman who has grown steadily but inconspicuously through the years and who, when tried, was not found wanting. Graduating from a small school, that of the Framingham Hospital (Massachusetts), Miss Hawkinson did a few years of private duty nursing before starting on the path that led to eminence in teaching. She taught at Vassar Training Camp, at Teachers College and at the School of the Massachusetts General Hospital. She secured the Master of Arts degree at Columbia University.

Associated first with Miss Gray and then with Miss Powell at Western Reserve, she has an intimate knowledge of the development of the school which she is now called upon to lead. Best of all, she possesses the loyal friendship of that staunch band of eager-minded, forward-looking enthusiasts who, in the several hospitals, day by day cope with the problem of reconciling the responsibility for the care of patients and the equally definite responsibility for the education of students. Miss Hawkinson is greatly honored that the leadership of such a group is to be hers.

Attack Fire Like Disease Plague

WITH a warning that no nation, however rich, can afford such a drain on its resources as is now caused by fire in America, Irving T. Bush, president of the Bush Terminal Co., of New York, speaking before 400 prominent business men from the principal cities of the country, declared that American industry must launch a systematic, scientific attack against the ravages of fire.

America builds annually, with a half billion dollars' worth of property, a funeral pyre on which are sacrificed 12,000 of its citizens, Mr. Bush said. Every sixty seconds $1,064 goes up in smoke. The per capita fire loss in this country averages ten times the similar loss per capita in Europe. "And yet," he continued, "experts tell us that 90 per cent of fires are preventable and the remaining 10 per cent can be easily controlled. Isn't it about time we came to our senses and applied some of our American efficiency to this problem?"

The only way to combat fire is to treat it as a plague, like yellow fever, and attack it exactly as medical science attacks communicable disease. He urged the use of skilled fire prevention engineers who will organize a scientific attack on fire in every community such as has already proved successful in many large industrial plants.

There will always be some losses from fire in this country, but by a study of the best remedies and by teaching the people how to apply those remedies, the nation can make an end to its frightful fire waste. In medicine it does no good to isolate the germ of some dread disease, and put it in a bottle, and look at it. Some agency must go into the field and tell the people what to do. We need field engineers to fight fire just as we need expert public health officials.

"This method is not an experiment. For the last three years the National Fire Protection Association has sent two such engineers to more than eighty cities, and their pioneer work ought to open the eyes of every progressive business man. In a number of cities the per capita fire loss was cut in half. A well organized effort in Huntington, W. Va., reduced the city's per capita loss nearly 80 per cent. There was no magic in that startling performance. First an expert engineer of the Association visited Huntington and saw the conditions; second, he told the citizens what to do; third, they did it. It is to extend this kind of service to hundreds of other towns and cities that a nation-wide campaign to raise a $500,000 Field Service Fund is being carried on."

One of the chief reasons for America's recklessness with regard to fire is the national delusion that "insurance people pay for fires," Mr. Bush said. He pointed out that the only function of insurance is to distribute losses and that it can no more recreate property than a death benefit can replace the person on whom it is paid.

EDITORIALS

The I.C.N.'s Interim Conference

EVERY nurse who attended the Helsingfors Conference will have read the program for the Interim Conference of the I. C. N., to be held in Geneva late in July, with envious interest. What memories of those glorious days in Finland it recalls! What a promise of joys to come it presents!

The Interim Conference is planned to care for necessary business and to sustain interest during the long interval between regular meetings. International Headquarters is the logical place for it and no more suitable place could be found in all Europe than Geneva, home of Internationalism, as represented by the League of Nations, the International Labour Office and the International Red Cross. Each of these organizations will contribute richly to the program.

The program as a whole is one to stir the imagination, for it centers on basic nursing, and schools of various countries will demonstrate procedures. Discussions of the advisability of standardizing procedures will be an important feature.

Ethel Gordon Fenwick of England, Founder of the I. C. N., who was unavoidably absent from the Helsingfors meeting, will preside at one session Baroness Sophie Mannerheim, forever to be remembered as the gracious presiding officer at Helsingfors, will conduct another. Nina D. Gage, President of the I. C. N., who is now home from China, will preside at the opening session and at all business meetings. She will go to Geneva somewhat in advance of the other Americans who will attend, in order to confer with Miss Reimann, the indefatigable Secretary.

The American Nurses' Association will be represented by its President, S. Lillian Clayton. Clara D. Noyes, who is First Vice-President of the I. C. N., will attend and will appear on the opening program. Adda Eldredge, Julia C. Stimson, Susan C. Francis, and Elsie M. Lawler plan to attend, and all American nurses who can possibly include the Conference in their summer itineraries are urged to adjust them to include this stimulating program. The journey to historic and international Geneva, alone, would repay the effort but Geneva nestles on the border of Lac Leman from which it is a simple matter to visit lovely Montreux with the Castle of Chillon near by or penetrate to the wonderland of the Swiss Alps. Europeans say that Americans have the Conference habit. This seems to be a brilliant opportunity for proving it.

And in between?

HUMORISTS ask ironically, sometimes: "What happens between conventions?"

For the American Nurses' Association, the answer is, "The Divisions!"

Made up of nurses who are members of the national organization in the states represented, there are now four divisions in the country comprising twenty states and the District of Columbia. They are not incorporated, and they have no legislative function. Their one reason for existence is the working toward a solution of the nursing problems common to their parts of the country, and it is surprising how much can be done when there is no business to transact.

In the Middle Atlantic Division, representing the largest nurse population in the United States, are Maryland, Pennsylvania, New York, New Jersey, Delaware and the District of Columbia. In the West, a stronghold is to be found in the Northwest Division, made up of Washington, Idaho, Montana and Oregon, while the Mid-West Division just

formed, is composed of Illinois, Indiana, Michigan, Iowa and Wisconsin. The New England Division represents the New England states and has some of the oldest traditions in the country behind it.

On each board of directors with the exception of the Mid-West Division, are represented expressly, the state nurses' association, the state league of nursing education, the boards of nurse examiners, the private duty nurses and the public health nurses. The Mid-West Division specifies for its board, only, "three members from each state association."

Here indeed are all the spokes of the great nursing wheel in each state, and the possibilities for movement are tremendous. Two years ago, at the Middle-Atlantic Division convention in Washington, D. C., an inkling of what Divisions might do was brought out in a question asked by Mrs. Anne L. Hansen as to whether people of moderate means should be nursed by the Buffalo Visiting Nurse Association or through the Official Registry. The present scheme in Buffalo indicates that the question would have been answered differently if it were asked today, but the fact remains that the subject was brought up at the right place.

This year, in New York City, in the last ten minutes of the convention which drew a large attendance, the most important action of the whole session was taken, in a resolution calling for a subcommittee for conference on common problems to be made up of the secretaries of the nurse examining boards, the executive secretaries of the states, the inspectors of schools of nursing and registrars of official registries. Such a combination as this would mean business wherever it were formed, and the Middle-Atlantic Division will probably be no exception.

Attention of the Divisions has been directed to the army of questions battering at the doors of the profession asking to be admitted for consideration. How can an official registry best serve a community, for instance? For all the talk on the subject, the possible service of a registry has scarcely been touched. Nurses in these Divisions are bent on finding out whether the kind of registry which works in New Jersey will succeed in Pennsylvania, and if not, why not. Or, in the Mid-West Division, will the type of group nursing being used at Ann Arbor fit in at Gary, Indiana? Nurses with intellectual curiosity will want to know, too, why the registries of Chicago and Detroit are so strong, and what elements in them can be applied in other cities. Another great question will deal with hourly nursing and its usefulness in different communities.

It is significant for the Divisions that no standard answers have been found to the questions: "What is group nursing?" "What is hourly nursing?" Both are still in too fluid a state to say what either one will become but, in a large measure, the future course of these two types of nursing will be shaped by the work of the states.

In a copy of the proceedings, now faded and yellow, of the first session of the American Nurses' Association, the opinion was expressed often that there should be only one paper at a meeting in order that plenty of opportunity might be offered for discussion. Should not discussion be one of the important functions of these Divisions, too? Many people inside and outside the profession are anxious to know whether nursing represents, in Iowa, a problem peculiarly different from that of Wisconsin. They are curious also about the reasons for the continuous migration among nurses, which makes a constant movement of members of the profession from state to state. They need to know all they can about the advances made in

nursing education, and it is most desirable that they should arrive at a knowledge of the common denominator of nursing organization in the states.

As these nurses draw close together to study questions like these and many others, they will gain a real knowledge of what is best for the many states. It is fortunate that the meetings are held in the years between the biennial conventions. Little progress can be made in such a large group without some background like this, and the states working alone might not have a wide enough view. Not least of the benefits is the fact that the nurses of each state will know each other better because they have gone a little afield. It is often possible to know more of the members of one's own family through watching them at the home of a neighbor.

The simple way in which the Division dues are raised is a point in their favor too. They are paid by the states, and range from ten cents per capita in the states in the Northwest Division, to two cents per capita in the Middle-Atlantic Division. No elaborate system of due collection is required, for the initiative comes from the states.

At the recent meeting of the New England Division at Providence, the progress of the grading of nursing schools was heard with great interest, and the private duty nurses had a particularly good session. Over 700 nurses attended, more than double the number of a year ago.

When the Northwest Division holds its meeting at Portland, Oregon, in June, Janet M. Geister, Director at Headquarters of the American Nurses' Association will be there to learn how the problems of those states are being solved by the nurses. It would not be surprising if the kind of nursing the public needs there should differ slightly from that indigenous to the East.

No Divisions have been organized in the southern states, but rumors are current that the subject is being discussed there. If nursing in America is to be anything like intensive farming, and those who know it best say it should be cultivated to the nth degree, no part of the country can afford to be without a Division. It won't be long before every field is plowed.

An Institute,—New Style

IN the current (June) issue of the *Public Health Nurse* may be found an account of a wholly new type of institute—an Institute for Board Members of Public Health Nursing Organizations. The idea was conceived in the fertile mind of Mrs. C. E.-A. Winslow and was held under the auspices of the New Haven Visiting Nurse Association in affiliation with the National Organization for Public Health Nursing. Representatives of 95 organizations in fourteen states participated in the four-day program, which had been prepared in coöperation with a carefully chosen committee of nurses. Time was when nurses would not have encouraged such a proceeding, but the National Organization for Public Health Nursing has helped to develop an intellectual democracy which promotes the respect of each group for the thinking of the other.

The American Hospital Association has its Trustees' Section. N.O.P.H.N. demonstrated at Atlantic City the stimulating value of special sessions for lay members. Now comes news of the signal success of this Institute.

Schools of nursing are lamentably in need of sympathetic understanding and financial support. Might not the National League of Nursing Education organize a meeting for members of training school committees? In time it is conceivable that Institutes might be held at which they, too, could discuss such subjects as "What is the Function of Board Members?", "Salaries, Vacations,

Sick-leave, Sabbatical Leave, and Attendance at Conventions, as Factors in Efficiency", "Self-education of Board Members" and "The Responsibilities of Leadership."

Over and over, laudatory comments were heard on the well-rounded character of the discussions. When it was a matter of actual nursing, doctor, nurse and board member participated; when the subject was financial support, community chests and other supporting agencies took up the theme with the board members.

In this issue may be found a very modest description of the method recently adopted by the Millard Fillmore School of Buffalo in securing support through Sustaining Memberships. It is an idea that could prove fruitful for many a training school committee. Some other schools have equally alert committees, but we have done little to encourage the exchange of such ideas, even at a time when Miss Nutting writes of the schools:

> The poverty of their educational resources is indescribable. It would have to be seen to be realized, and little in the way of further growth or progress can be looked for until these schools are rescued from their economic helplessness and provided with the financial resources upon which all worthy educational work must rest.

One of the Round Table ideas might well be copied and instead of each group discussing its own problem under (1) Organizations having one nurse; organizations of 2-5 nurses, and so on up, the topics for separate groups might be: "Schools of twenty students", "Schools of forty students", Schools of fifty or more students."

Development of the principle that schools of nursing should have independent budgets and comprehensive discussion by the able people who compose training school committees of methods of raising budgets should lead the schools out of their "economic helplessness."

Reward

The thrill of seeing the procession go by,
The privilege of being one with youth;
Sensing their problems,
Sharing their sorrows,
Seeing their joy,—
Could any labor
Be more richly requited?

SUCH have been some of the rewards that have come to Lydia E. Anderson, eminent teacher of nurses. Graduates from thirty schools of nursing and students from the six in which she is now teaching, in and around New York, gathered four hundred strong to do her honor at a recent dinner. Miss Anderson had just resigned from the New York Board of Nurse Examiners to which she had given invaluable effort for seventeen years. No person can possibly know how much of sacrifice that service represents, but twenty-seven thousand certificates of registration bear her signature! The mind fairly reels at the thought of the number of questions she prepared and the papers faithfully examined and graded.

Endowed with a student's mind, capable of sympathy and humorous understanding, and a certain characteristic graciousness combined with real modesty, it is probable that Miss Anderson would never have been enticed to that dinner had she not been persuaded that it was a vicarious tribute to all instructors; and instructors, to our shame be it said, have not often been accorded the prestige due their nonspectacular but none the less heroic efforts to lift the profession to an ever higher and more efficient level.

The charming photograph of Miss Anderson which appears elsewhere, reminds us of the following lines written by Zoe LaForge to Ella Phillips Crandall, valiant and well loved Crusader for health, whose friendship likewise has

illumined the lives of many nurses. The picture will be treasured by all those nurses who have "won the guerdon" of Miss Anderson's smile.

The spray of bright dry bittersweet
In a silver vase upon my desk
Splashes orange dust
Over your picture;
From within the frame, you follow me
Through wingéd days on days.
Your grave eyes counsel me,
Search me,—pity me,
While I tease the problem
Throughout its tangled length,
And find the end enmeshed in other nets and webs
Of human needs and frailties;
But in that rare moment
Of labor brought to fine completion,
There faintly glows across my desk
The guerdon of your smile.

"BUT *it is not enough to breathe the word peace in order to have it. You have got to have the will for peace in your heart. She is a demanding mistress,—peace, much more demanding than war.*

"One can throw a whole people into war without giving them time or possibility for reflection. But peace demands continuous, prolonged, tenacious service. She does not admit of doubt. Doubt kills her."

—ARISTIDE BRIAND.

•

"MY APTITUDE *for nursing gradually developed into a passion so much so that it often led me to neglect my work, and on occasions I engaged not only my wife but the whole household in such service.*

"Such service can have no meaning unless one takes pleasure in it. When it is done for show or for fear of public opinion, it stunts the man and crushes his spirit. Service which is rendered without joy helps neither the servant nor the served. But all the pleasures and possessions pale into nothingness before service which is rendered in a spirit of joy."

—MAHATMA GANDI, in "The Story of My Experiments with Truth," in *Unity*, March 14.

Education for Initiative and Originality

"IN OUR *day and manner of life, independence consists in choosing whom to follow rather than in following one's own devices. Is not special training in judging the qualities of leaders worthy of a place in democratic education? By our theory we must not teach future citizens to follow hereditary kings or lords, or a military or priestly caste, or a landlord class. But human beings will follow and should. Who should be followed in a democracy? I see no answer but "the impartial expert." Men and women who best know the facts in a given field and who judge the facts most impersonally seem the safest to trust.*

—EDWARD THORNDIKE.

Who's Who in the Nursing World

LXXI. ELLA BARBARA CONZELMANN, R.N.

Many nurses think they know Mrs. Conzelmann, but only those who have been sheltered by the hospitable roof of the home she and Dr. Conzelmann have set up on the grounds of the State Hospital at Stockton, California, can really savor the quality of her kindliness or the gift for comradeship which, shared with many nurses, has reached its highest development in her relation to her husband.

Mrs. Conzelmann is one of the married nurses whose zeal for her profession has never flagged and who has held many state offices, including a two-year term as President of the California State Association.

She was graduated from a normal school and from the School of the Methodist Episcopal Hospital of Brooklyn. She has held various administrative positions, including that of Superintendent of Nurses of the Manhattan State Hospital and has taught classes in Home Hygiene and Care of the Sick in the Stockton High School.

A Practical Aspect of the Teaching of Dietetics[1]

BY SHIRLEY C. TITUS, R.N.

BEFORE I can take up with you the subject which I have been asked to discuss this evening, I feel that it would be best to give you a bird's-eye view of a certain background in nursing, the knowledge of which I am certain will materially help you in performing one of the most important functions which you as dietitians have to perform; namely, the teaching of dietetics to student nurses.

I am wondering how many of you have read Florence Nightingale's "Notes on Nursing?" If you have not already had this pleasure, I would strongly recommend that you secure this little book at the earliest possible moment and read "Santa Filomena's" views in relation to the nurse's responsibility in the feeding of the sick, which she gives in the form of two lectures. I might add in the passing that I am not only sure that you will really enjoy reading this section of "Notes on Nursing," but I am equally sure that you will find so much pleasure in the reading that you will finish the entire book if you once begin it, I wish that every dietitian who is employed in a hospital could have this little book on her shelves. Old-fashioned though it be, it presents a picture of one angle of food service to the sick which we too often fail to recognize in this day and age.

I will read you the subject-headings of Miss Nightingale's first lecture; namely, "Taking Food," in order that you may have some little idea of how she felt regarding the subject of feeding the sick:

> Want of attention to hours of taking food; Life often hangs upon minutes in taking food; Patients often starved to death in chronic cases; Food never to be left by the patient's side; Patient had better not see more food than his own; You can not be too careful as to quality in sick diet; Nurse must have some *rule* of *thought* about her patient's diet; Nurse must have some *rule* of *time* about the patient's diet.

She ends this lecture with the following pithy instructions on "Keep your patient's cup dry underneath" which read as follows:

> One very minute caution,—take care not to spill into your patient's saucer, in other words, take care that the outside bottom rim of his cup shall be quite dry and clean; if every time he lifts his cup to his lips, he has to carry the saucer with it, or else drop the liquid upon, and to soil his sheet, or his bed-gown, or pillow, or if he is sitting up, his dress, you have no idea what a difference this minute want of care on your part makes to his comfort and even to his willingness for food.

Miss Nightingale's second lecture on food, called "What Food?" deals with the relative values of the various foods and their preparation. That Miss Nightingale felt no high regard for our friends, the chemists, cannot be denied, for she states in one place:

> Chemistry has as yet afforded little insight into the dieting of the sick. All that chemistry can tell us is the amount of "carboniferous" or "nitrogenous" elements discoverable in different dietetic articles. It has given us lists of dietetic substances, arranged in the

[1]Read before the Michigan State Dietetics Association.

order of their richness in one or another of these principles; but that is all. In the great majority of cases, the stomach of the patient is guided by other principles of selection than merely the amount of carbon or nitrogen in the diet. No doubt, in this as in other things, nature has very definite rules for her guidance, but these rules can only be ascertained by the most careful observation at the bedside. She there teaches us that living chemistry, the chemistry of reparation, is something different from the chemistry of the laboratory. Organic chemistry is useful as all knowledge is, when we come face to face with nature; but it by no means follows that we should learn in the laboratory any one of the reparative processes going on in disease. . . . . The main question is what the patient's stomach can assimilate or derive nourishment from, and of this the patient's stomach is the sole judge. Chemistry can not tell this. The patient's stomach must be its own chemist. . . . . To watch for the opinions, then, which the patient's stomach gives, rather than to read "analyses of foods" is the business of all those who have to settle what the patient is to eat—perhaps the most important thing to be provided for him after the air he is to breathe. Now the medical man who sees the patient only once a day or even only once or twice a week, cannot possibly tell this without the assistance of the patient himself, or of those who are in constant observation on the patient. The utmost the medical man can tell is whether the patient is weaker or stronger at this visit than he was at the last visit. I should therefore say that incomparably the most important office of the nurse, after she has taken care of the patient's air, is to take care to observe the effect of his food, and report it to the medical attendant."

We of this scientific age smile—tenderly, perhaps, but *smile* nevertheless—over Miss Nightingale's obviously low regard for chemists and some of her "queer" notions about food, but the fact remains that she had really grasped the fundamentals in feeding the sick. Thought! interest! and minute care! These are the fundamental principles underlying the feeding of the sick. Yes, we may smile at her "notions" and her lack of scientific knowledge, but I have no doubt that if the Angel of Scutari were to resume her work upon this earth again today, she would smile too—and, no doubt, with derision—as her keen eye and analytical mind measured our failures in the feeding of our patients. I think I never visit a hospital at the meal hour but that I wince at the casual — oh! it's-just-part-of-the-ward-routine air displayed in giving the patients their food. Food service is a secondary matter in the average hospital; it is just a routine, boring job to be gotten over as quickly as possible; a matter of little or no importance to the average nurse and doctor, I am ashamed to admit. I see, indeed, a sharp contrast in the picture that Florence Nightingale draws and that of this present-day ward scene. How does it happen that with all our knowledge concerning food and the general field of dietotherapy today we find this indifference?

It is a far cry from this day to that of Florence Nightingale's, and science has made tremendous strides during the interim. The world has progressed in certain ways more in this past century, than in tens of centuries preceding this era. Our social heritage is increasing so rapidly that many of our great thinkers are troubled for fear the growth in man's wisdom in the use of inventions shall not keep up with his scientific advancement. Those discoveries which at first seem man's salvation may in the end become his undoing.

One of the greatest evolutions, or revolutions, I might well say, is that of industry. No doubt most of you have read Romaine Rolland's "Colas Bruegnon." Do you remember the picture he draws of the Master Workman?—the Master Workman working in his own home, taking *minute care* in the doing of his work, letting his creative instinct have full play in his daily task. Perfection of detail the goal; not speed in production!

I have sometimes thought that nursing has, in a crude way, traveled the

same road as industry. Are we not in nursing, perhaps, more concerned in getting the job done rather than in directing our efforts toward doing it as perfectly as possible? "Piece work" and "mass production" were ideas born of the late 19th century. Already we have learned that with all the good that has come with the present-day industrial system, have come many evils. The average workman today may have a telephone, a vacuum sweeper, etc., in his house; he may have a Ford, he may step around the corner to a movie, etc., but, nevertheless, I am sure Colas Bruegnon was a happier man than any present-day workman, for he had perfect freedom in seeking satisfaction through the greatest of all happiness-givers, the creative instinct. The stultification and thwarting of the "creative instinct" in industry has had a profound effect upon the economic and social aspects of present-day society.

As our hospitals grew in size and in number, we began to divide our patients into pieces, so to speak. One nurse bathed him, another took his temperature, another gave him his medicine, another helped change his dressings. Have we not all heard this familiar expression, "Oh! I'm on medicines now!" "Oh! I'm on dressings now!"? In other words, partly because the growth in nursing schools could never quite keep up to the growth in hospital beds, and partly because "piece work" was quite in keeping with the spirit of the times, more and more we tended to lose sight of the patient and to make "ward efficiency" our goal. How much interest do you believe a student nurse could take in caring for a certain *section* of the patient? No more interest, I believe, than does the factory worker who, hour after hour, does his particular little bit in the production of the whole and completed article. Neither has had the opportunity that happy Colas had; namely, that of taking minute care in the production of a perfect article; never, like Colas, have they experienced the pleasure that comes with allowing the imagination to play upon ways and means of producing something finer and more perfect each day they worked; never, like Colas, could they know the ever-increasing and abiding joy that comes when one's work becomes an art, and not a job. Happy and fruitful the age when the work is glorified and made perfect by the worker, and the worker becomes glorified through his work.

It was Florence Nightingale who said:

> Nursing is an art—and if it is to be made an art, requires as exclusive a devotion, as hard a preparation as any painter's work, for what is the training to do with dead canvass or cold marble, compared with having to do with the living body—the temple of God's spirit?

Nursing is an art, if properly considered, and just as surely needs the full play of the creative instinct, or imagination—if you wish to think of it so—as does any other art. The true nurse can be no mere wage earner, no plodding routine worker. The real nurse is one who approaches her work as does the artist approach his clay or his brushes. She sees far and away beyond the mere mechanics of the work. Nursing is as much a matter of spirit as it is of knowledge and of skill. If we surround the student nurse with an atmosphere that tends to stifle and kill this spirit; if we arrange her work so that she never is able to see it as a whole nor visualize a more perfect and a more complete piece of nursing with every patient then, indeed, our efforts to make of her a good and efficient nurse are wasted.

The "piece work" idea in nursing must go if we are to produce the real nurse. It is indeed encouraging to know that nursing leaders have already seen the danger of this system and are doing all in their power to swing the pendulum back again. The emphasis is slowly but

surely again being placed on the patient, rather than on ward efficiency. There has been for some brief time past much said and written about the necessity of having the nurse nurse the patient, whole, complete, entire, and not in sections or pieces. The "case study" method of instruction, a closer correlation between practice and theory, etc., are all efforts directed toward this same end; namely, the emphasizing of the patient rather than ward efficiency.

The "piece work" idea in nursing has, I feel, been particularly vicious in regard to the dietetic care of patients. The advancement in knowledge in relation to organic and physiological chemistry resulted in the birth of a new profession; namely, dietetics. Today no hospital is complete without the dietitian, although fifty years ago she was unknown and undreamed of. With the coming of the dietitian, the nurse's responsibility for the preparation and service of food to the patient began to wane. More often than not the passing of responsibility leaves in its wake a lack of interest and in this particular case, such a condition of affairs became especially true. Paradoxical as it appears, just as the subject of food was beginning to assume an importance such as it never had before in the entire history of man, just when dietotherapy was attracting the attention of the most brilliant minds in medicine, just at this particular moment the nurse became more and more disinterested in the feeding of the sick. This indifference, which arose primarily out of the passing of responsibility for preparing and serving the patient's food, from the nurse's into the dietitian's hands, and out of the "piece work" system in nursing, could perhaps have been successfully combated if anyone had been particularly interested, but apparently no one was, and today we find that dietetics is considered one of the least important subjects in the curricula of nursing schools and the matter of feeding the patient, a subject of indifference to most nurses.

I have talked with many nurses in various sections of the country about their attitude toward dietetics and I think we can safely say that about one-third of them say that the food service is the responsibility of the dietitian and the dietetics department, not theirs; about one-third of them actually feel that the subject of food and the feeding of the sick is far beneath the dignity of the nurse; and one-third of them are entirely apathetic toward the subject, they simply aren't interested enough to have any idea about it at all! The nurse who is really interested in dietetics is a rarity indeed.

I firmly believe that if dietetics were properly taught in nursing schools, such a state of mind on the part of the nurses would disappear. The Goldmark report on "Nursing and Nursing Education" is extremely illuminating in relation to the teaching of dietetics in our nursing schools. Those of you who have not read this particular section should certainly do so. The fact of the matter, the manner in which the whole subject of dietetics, both theory and practice, is being taught in our nursing schools is little short of disgraceful. It is the job of every director and instructor in our nursing schools, as well as of the teaching dietitian, to change such a condition of affairs as rapidly as possible.

A knowledge of the proper preparation and service of foods and the use of diet in disease is, and must always be, part of the basic course in nursing. Dietetics, therefore, should be taught in such a way that all nurses will become interested in the feeding of the sick, so that the nurse of the future may really appreciate her responsibilities in this direction. I agree with Miss Nightingale when she said that "incomparably" feeding the sick is one of the nurse's

most important duties and I only hope that the day is not far distant when every nurse will realize how extremely interesting and important this phase of her work is.

Altogether too little experimenting has been done in regard to finding out the best way to teach dietetics and it is impossible for anyone at the present moment to present anything like a perfect, or a near-perfect, scheme of teaching either the theory or the practice of dietetics to student nurses. However, I feel I am quite safe in saying that I can give you ten principles underlying the teaching of this subject which cannot be disregarded if the interest of the student nurse is to be secured.

These underlying principles are, in brief, as follows:

1. The course should not be introduced too early in the curriculum.
2. The emphasis in the laboratory work in Dietetics and Cookery should be placed *on the meal*, rather than on a particular type of food.
3. The *normal* should not be overlooked.
4. The student should not be assigned to diet kitchen service until she has completed her course in Dietetics and Cookery.
5. Care should be taken to eliminate from the practical diet kitchen experience, as far as is possible, work of non-educational value.
6. The practical work in the diet kitchen should be "tied up" with the patient.
7. Efforts should be made to stimulate students' interest in the feeding of the patient when she is assigned to general ward duty.
8. "Case studies" should embrace the feednig of the patient, as well as any other treatment.
9. The course, Diet in Disease, should be considered a part of Medical Nursing.
10. "Diet in Disease" should immediately follow the course in Dietetics and Cookery.

I will now elaborate these ten principles. I said the course should not begin too early in the curriculum. I mean by this that the course in Dietetics and Cookery should follow the courses in Anatomy and Physiology, and Chemistry. If it is not possible to actually complete these courses, at least, the anatomy and physiology of the digestive tract should be covered, and the student should have a working knowledge of the simpler principles in chemistry before the course is started. Could anything be more ridiculous than to attempt to teach Freshmen about monosaccharids, polysaccharids, enzymes, ammo-acids, etc., when perhaps they have had no chemistry or, at best, a very elementary course in chemistry in high school, and when they know nothing about anatomy and physiology? They may, poor things, learn a few facts as does a poll parrot, but I seriously doubt if any real learning takes place under such conditions.

Points two and three, regarding the laboratory course in Dietetics and Cookery, I will explain together. A few years ago, when my attention was first directed to finding a way to make student nurses become more interested in dietetics, I had the good fortune to be employed in a hospital where the dietitian was not only an excellent teacher but was, likewise, really interested in teaching the student nurse. She was most sympathetic and coöperative in helping me devise some new way of teaching students dietetics, and it was due to her efforts that I actually saw, for the first time, a group of student nurses who were genuinely interested in the subject of dietetics and who really took some interest in feeding the patient. She attributed the major part of her success to the fact that she taught cookery on the *meal basis*. No longer did the students study milk and milk dishes, eggs and egg dishes, etc. They prepared a complete meal instead. Also the normal was emphasized as well as the abnormal, for the first meals planned constituted a day's dietary for the Freshman herself or one of her classmates. The student studied her needs,

or those of her classmates, from the viewpoint of age, activity, etc., planned the menu, prepared it, ate it, and then acted as a judge in regard to estimating her work as a whole. Later, meals were prepared for specific patients. I am happy to say that at the present time a majority of dietitians advocate very strongly this same method of teaching laboratory work to student nurses, and it is hoped that in a few years we shall see this method used in every school of nursing in the country.

When the revision of the subject, Dietetics, was being prepared for the new Standard Curriculum for Schools of Nursing it was a matter of deep regret to many of us that we could not outline the laboratory work on the "meal basis" but it was felt that many of our schools were not yet ready for such a radical change. Consequently, the laboratory work was drawn up on the old basis. You will remember, however, that the Sub-committee on Dietetics *strongly recommended* that, when possible, the school of nursing should use the newer method; namely, the "meal basis" for the laboratory work in dietetics and cookery.

Points four and five really need no explanation. No student can possibly derive real value from her practical experience in the diet kitchen unless she has already received her theory of dietetics and her laboratory course. When the student is sent to the diet kitchen before receiving this theory, the hospital is flagrantly utilizing her for its own needs rather than considering the student's education. The same disregard for educational values sees the student performing many activities in the diet kitchen which fill her with a repugnance and distaste for the kitchen and for the whole subject of dietetics, for the rest of her natural life. She knows, as well as anyone, when she is being "used," and often a dangerous sense of injustice concerning her exploitation is added to her boredom with her work.

For example, I remember distinctly my own diet kitchen experience. The first two weeks of the three months' experience, I was "silver girl" and had the rapture of drying all the silver (and keeping it polished). My second two weeks, I was promoted to the extremely interesting position of making broths and gruels. I am sure that I cut up at least 10,000 cold and clammy chickens and that each of these 10,000 chickens was centipedic in construction! As for gruel, I cannot look at gruel, even to this day, without a feeling of supreme irritation. The rest of my diet kitchen experience was just about as valuable and I left this service with what almost proved a never-ending dislike for dietetics and anything allied to it. May I add that this experience of mine was gained in a university hospital, where some of the most interesting research work in nutrition in the country was being done.

Point six.—There is no question but that the gravest mistake that can be made in arranging the diet kitchen service is that of completely isolating the student from the patients. The only way the service should be arranged is to plan to have the nurse in her diet kitchen experience have frequent contacts with the patients being served from that kitchen. It enriches her whole experience and adds 100 per cent to her interest in the work.

Points seven and eight.—When the student is assigned to the general ward work, it is absolutely essential that the head nurse, instructor-supervisor, and teaching dietitian, should make every effort to stimulate her interest in feeding the patient. It is absurd to give a good course in dietetics and cookery, and a well planned experience in the diet kitchen, and then let the subject of

food drop into limbo when the student goes to the wards. Every tray should be charted, remarks about the attitude of the patient toward food should be recorded,—(Does he eat well, Is he suffering from anorexia, etc.); the physician should be induced (this is very difficult, I know!) to ask about the patient's food-intake, as well as his temperature; and *every* case study should include the dietetic treatment of the patient, as well as any other treatment. May I say in this regard, also, that I feel that it is imperative that there should be an administrative order in *every* hospital that absolutely no visits of the physicians and internes will be permitted at meal time, and that no treatments, except actual emergency ones, should be given at such a time. I believe, also, that three times a day, for at least thirty minutes at a time, everyone's attention — doctors, nurses, ward helpers, orderlies, maids, porters, etc.—should be fixed on food service to the patient. Only by such means can we succeed in making food service assume a proper importance. Only by such an arrangement can the food reach the patient when *hot*, for too often, after much careful thought and care, does hot food reach the ward only to stand cooling there, because other ward routine takes precedence over food service.

Points nine and ten.—The course in Diet in Disease, I feel should follow directly after the course in Dietetics and Cookery, as this does away with a very unnecessary break in the instruction of dietetics. From past experience, I believe the student gains more from the course, if Diet in Disease is a continuation of the more simple course in Dietetics and Cookery. I feel, too, that it makes a better correlation possible when given at this time.

I have mentioned that Diet in Disease should be definitely considered a part of medical nursing and theoretically should be included in this phase of nursing. The mechanical problem, however, in assigning a large Freshmen group to ward service, makes this impossible, and it will be found necessary for one section of the Freshmen group to receive its work in Diet in Disease while assigned to the general surgical wards. This is not as bad as it seems, however, for if the instructing supervisor and the teaching dietitian will but make a little effort, a fairly close correlation between practice and theory in Diet in Disease may be secured, even though the student be on a surgical ward. A surgical case may, for example need a high caloric diet, a nephrtic, or an obesity diet, etc.

The foregoing are the ten essential principles that I feel underlie the teaching of any course in dietetics which is to secure, on the part of the nurse, a permanent interest in the feeding of the sick.

I will now discuss with you the plan of instruction in dietetics as outlined by Miss Gillam and myself for the next year or so at the University Hospital. We do not offer this as a perfect scheme of teaching; we are planning to experiment, and to continue to experiment, in teaching this course, and I feel certain if I were to address you a year or two hence you would find the plan I am submitting tonight greatly changed and modified. May I say, in passing, that I sincerely hope many other schools will experiment, likewise, for I firmly believe that it is only through experimentation that we will at last reach the point where we can say we know anything about teaching this important subject with any measure of success. I, therefore, give this plan of ours as a temporary one at best.

At the University Hospital, the first four months are given over almost exclusively to the teaching of the basic

sciences. Our students are taught, during this period, Chemistry, 120 hours; Anatomy and Physiology, 120 hours; Bacteriology, 45 hours; History of Nursing, 15 hours; Elementary Practice and Theory of Nursing, 120 hours; Personal Hygiene, 15 hours; and Physical Education, 30 hours. During this period they have numerous contacts with the patient, as we believe in bringing the student into the hospital environment as early as possible. They are, of course, always at such times under the close supervision of an instructor.

After these four months are completed, the student is assigned to part-time work on the wards for the following two months, and it is at this time she receives her theory and laboratory work in Dietetics and Cookery. At the end of these two months (thus making six months' residence in the school), the student is assigned to full duty in the hospital. The entire group is divided into three sections, Section A going to the medical wards, Section B to the surgical wards, Section C to the diet kitchen. Section A receives its lectures in Medical Diseases and in Nursing in Medical Diseases; Section B, its lectures in Surgical Conditions and Nursing in Surgical Diseases. All three sections receive, at this time, their lectures in Diet in Disease. The correlation between practice and theory is not, of course, perfect. It is, however, more perfect than it appears on the surface as the students who are assigned to the diet kitchen service actually serve to the patient the tray they prepare. They find out what he likes or dislikes in relation to food; they see how well he consumes his food; they find out from the ward nurse how he is progressing, etc. If a bedside clinic is held using this particular patient as the subject, the diet kitchen nurse is expected to be present.

It is necessary to mention at this point that only "special" diets are prepared in the diet kitchen and in the metabolism kitchen. High caloric, low caloric, obesity, etc., come from the diet kitchen; diabetic diets, etc., from the metabolism kitchen; and general diets from the main kitchen, to which no student nurse is assigned.

As many surgical patients are on special diets (high caloric, etc.), the student nurses assigned to the surgical wards do get considerable dietetics experience there. It is, of course, necessary that the instructing supervisor in charge of each of these clinical services work very closely with the instructing dietitian in order to emphasize the dietetic care of the patient and to get for the student as much educational value out of the dietetic treatment of the patient as possible. Upon the completion of each service, the student rotates to the other services and the lectures are repeated.

This is, in brief, the method we plan to use for the following year or so at the University Hospital. Part of this plan is already in operation; namely, that the student assigned to diet kitchen service actually serves the tray to the patient. The rest of the plan will go into operation early in March, when the present Freshmen group is ready for full-time ward assignment.

Again, let me say, that this plan is only an experiment; that we shall, without doubt, change it from year to year until we feel that we have actually, through various experiments, learned the most practical and best way to teach this vital subject to our students.

We shall measure our success by the amount of interest displayed by our students and young graduates in the feeding of the patient. When we find that they have become genuinely interested in dietetics and dietotherapy, and feel with Florence Nightingale that "incomparably" one of the greatest functions

of the nurse is the proper feeding of the sick, then we shall feel we have really succeeded in finding a proper way to instruct the student in regard to dietetics. It is to be hoped that each director of a nursing school, each nurse instructor, and each hospital dietitian will come to recognize her responsibility in bringing about this highly desirable condition of affairs.

Correlation of Classroom and Bedside Teaching[1]

By Sister M. Florina, R.N.

THE correlation of classroom and bedside teaching forms a problem of the greatest importance, one that needs consideration from every angle.

The work of the professional nurse is practically the same in all the states of the Union, and it would seem evident that the training which is to guarantee a certain acceptable measure of competence, would need to follow somewhat similar lines, whether the nurse is trained in California or in New York, and whether the training is given in a small or in a large hospital.

The education of student nurses thus constitutes an ever open question because of its vital importance to the large as well as the small hospital. The point never to be lost sight of is that the patient makes the hospital necessary in any community, and the problem of caring for patients is the first duty of the hospital superintendent. Assigning a student nurse to duty in a ward does not necessarily guarantee an education for her in that kind of work. However, the value of ward experience to a nurse depends upon several factors: First, the characteristics of the service itself; second, the ability and attitude of the student; and third, the influence of those in charge of the students.

It is a principle of vocational education that theory is most effective when given simultaneously with its related practice. Lectures which come before the practical work are often forgotten because they lack the gripping associations which experience gives. In some training schools it is not possible to give all the students their lecture courses while they are receiving their practical work in the wards. However, the majority of the training schools today are fortunate in that they are equipped to give their theory and practice simultaneously, thereby helping the student nurse to recall points which might otherwise seem trivial and of no great importance.

The opportunity to correlate theory and practice in ward teaching is unique. Nurses are familiar with the technic of nursing and nursing procedure as previously received in the demonstration room, but they do not always recognize the basic principles underlying it. Application of the principles of materia medica to actual medicine giving, of industrial hygiene to lead poisoning, of cardiac diseases to cardiac nursing, could all be made at the best psychological time; namely, when the student is nursing these patients. Ward clinics of interesting cases conducted by the attending physician will give the student nurse a broader view and more scientific understanding which perhaps would not be received by theory alone.

[1]Read at a meeting of the Indiana League of Nursing Education, Gary, March, 1927.

I believe that superintendents, instructors and floor supervisors should have special training; they must be executives and teachers as well as nurses. Especially is this necessary on the floors and in the wards. It is necessary that the floor supervisors be able to go into the ward with the student nurse, explaining in a concise manner the practical procedure and giving moral support in order to overcome the timidity of one who is, perhaps, for the first time giving some special treatment. The demonstration room classes cannot give the confidence which is needed when the student nurse is asked to do the same on the floor or in the wards.

We all are acquainted with the medical students who come to our hospitals to serve an interneship. When first they are asked to do some practical work in the wards or assist in surgery, they are at a loss as to what should be done. They have no confidence, due to the fact that they have had no practical experience. In theory they are good, but what is theory without practical experience?

The last few years we have read much and heard a great deal of the university hospital training schools. Some of these schools are trying out the method of giving theory first and the practical work later. To date, this cannot be taken as a standard and no definite information can be given, as the university schools are still in the embryonic state and therefore time will have to be given to, definitely determine whether the correlation of classroom and bedside nursing, as given in the majority of the schools today, or the method of giving theory first and the practical experience or ward duty, later, meets the public demand for efficient nurses. We realize that nursing is in a very special sense a national service, and that the training of a nurse is a matter of vital importance, not only to her hospital and to herself, but to the country at large. It is not enough that she should serve the needs of a single institution or of a limited group of people. She must be ready to serve the whole community and to meet conditions as she finds them in many different kinds of communities. The training that can meet such demands is the training that should be standardized and lifted to the heights to which it belongs.

A Thought for Registries

THE following paragraph appears in an advertisement of the Nurses' Official Registry of Brooklyn.

"The Employment Service of the Brooklyn Federation of Churches is listing, without charge, women who are qualified to give housekeeping and simple nursing service under the supervision of the Hourly Nurse, in homes where the mother is ill, and full time attendance of a professional nurse is not required. This plan provides a better distribution of nursing service and reduces the expense to the patient."

Are You Sure Your Child's Birth Is Recorded?

THE registration of a child's birth is required for the benefit of the child—not to satisfy some whim of the lawmakers. It is of the utmost importance to the individual as it legally establishes his identity. The child may need the record, some day, not only to prove he is of school age, but to establish legitimacy; to prove his birthplace; his age and citizenship (this applies especially to children of foreign born parents); to recover pension claims; and for numerous legal and other purposes.

The registration of a child's birth is his birthright—the first and one of the most important safeguards the state provides for him. The doctors and midwives throughout Maryland are, as a whole, coöperating cordially with the Department in the prompt and accurate registration of every birth—but it is the duty of every parent to find out whether such a record has been filed.

—Bulletin Maryland Department of Health.

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*
Director, Nursing Service, American Red Cross

Our Disaster Problem

ARE there really more disasters than we had in former years or do we know more about them? No sooner had the American Red Cross completed its monumental work in Florida, than tornadoes and floods were reported from the middle west. So alarming have the latter become that the Red Cross is marshalling all its available forces, Chapter, Branch Office in St. Louis, and National, who have proceeded to the Disaster Area, establishing Central Headquarters at Memphis. The seriousness of the situation has brought to the support of the American Red Cross, services of federal and other organizations. A special Committee from the President's Cabinet was appointed by President Coolidge to work with the Red Cross, on which Herbert C. Hoover, a member of the Red Cross Central Committee with a wealth of European experience back of him, Secretary of Treasury, Secretary of War and Secretary of Navy are serving.

President Coolidge, as President of the United States, and President of the American Red Cross, immediately issued an appeal for funds, stating that the "burden of caring for the homeless rests upon the agency designated by government charter to provide relief in disaster,—the American National Red Cross," and recommended that all contributions be forwarded to the Red Cross.

Those who have followed this situation will appreciate the very great need for financial assistance. It has meant, not only feeding, clothing and housing in tents, thousands of refugees over a long period, but their rehabilitation, as well as care of the immediate sick and prevention of epidemic.

Into this great program has stepped the Red Cross nurse, and our Red Cross Local Committees on Nursing Service. Mrs. Elsbeth Vaughan, her office staff, and her nursing field representatives, have covered the affected states west of the Mississippi. Elizabeth Fox, National Director of Public Health Nursing, en route to Little Rock, Arkansas, to attend the annual meeting of the State Nurses' Association, was marooned at St. Louis, pressed into service as national advisor, and attached to the national staff at Memphis. Upon telegraphic notification from National Headquarters, the Local Committees on Red Cross Nursing Service in the affected area east of the Mississippi, with characteristic energy and promptness, held groups of nurses in readiness to report. In less than twenty-four hours all replied. Virginia Martin, Lexington, wired "twenty-five Red Cross nurses ready"; Sophia Steinhauer, Dayton, Ky., "five more tomorrow"; Mary Coady, Louisville, "eighteen ready and others available"; Fanny Walton, Nashville, "ten immediately available"; Mrs. James Cameron, Hattiesburg, Miss., "nine reporting"; Mrs. Lydia Breaux, New Orleans, "twenty-five ready, contacting others." In the seven states affected, over five thousand Red Cross nurses reside. The larger number, over twenty-five hundred, are in Illinois. Because of this large enrollment it has not been necessary to call nurses from other states. Many, however, are offering their services, for which the American Red Cross is deeply appreciative.

The Tornado at Rock Springs, Texas

WHEN a tornado, on the late afternoon of April 12, destroyed the town of Rock Springs, Texas, it found

our San Antonio Chapter ready, notifying at 11 p. m., Mrs. Joseph W. Patton, Chairman of the Local Committee on Red Cross Nursing Service, that nurses were needed, several were sent by automobile at 4:30 the next morning. She, with four other nurses, leaving on the official train, after encounternig a washout and transferring to an automobile, arrived at Camp Wood at 9:30. First Aid stations were established here, where she quickly placed her nurses. To these the injured were brought from Rock Springs, given first aid, and then transported to the railroad station at Uvalde where she remained with two nurses until baggage cars were filled with forty-four surgical patients. One nurse to three or four patients was required. These patients were transported to San Antonio. Four nurses were left to accompany the second train which carried twenty-two. The third train, with two nurses, carried ten. All were taken to San Antonio hospitals. There was a total of seventy-six seriously injured patients. Sixteen nurses were utilized.

The promptness with which this emergency was met and the fine generalship displayed by Mrs. Patton in organizing her nursing forces and caring for the injured until they were safe in the hospital, will not soon be forgotten by the unfortunate victims. Long hours of hard, anxious work, under such harassing conditions, is a severe test of the preparation, experience, endurance and fortitude of nurses. Mrs. Patton and her little group of sixteen nurses met this promptly and successfully,—all honor to them.

Equally heroic work has been performed by Red Cross nurses in many other places throughout this midwest territory, such as Green Forest, Arkansas, where Rena Haig used eleven nurses, both in connection with tornadoes and floods which have inundated wide areas in Arkansas, Kentucky and Missouri for many weeks.

Again and again during these anxious days have we had occasion to be grateful to that Committee of which the late Isabel Hampton Robb was Chairman, appointed by the American Nurses' Association, which developed the plan of local and state committees and nurse enrollment which, later accepted by the American Red Cross, has equipped that Society to meet all its nursing needs promptly and effectively. The Committee plan has long since passed out of the academic stage into the stage of practical and effective usefulness.

Warsaw, Poland, School of Nursing

FROM contemplation of a scene of destruction to one of construction is always a relief, consequently we turn with pleasure to the Report of the Warsaw School for the year of 1926. We note that ten graduate nurses, sent abroad for special preparation by the Rockefeller Foundation, returned during the year and have been placed in the public health field, and as teachers in the Warsaw and Cracow Schools. Perhaps one of the most progressive and significant appointments was that of Marja Babicka, the first graduate of the School, to the National Ministry of Health as Advisor on Nursing. She brings an unusual preparation, educationally, culturally and professionally. After graduation she spent two years in the public health field in Warsaw, followed by a year's university course in public health nursing, supplemented by opportunity to observe nursing methods in the United States, Canada, England and France. Reports from that country indicate the wisdom of this appointment.

Fully as important is the return of Wanda Bukowska, another graduate from the Warsaw School, who was sent to England by the Society of Friends

for a course in Midwifery. Equipped with her English midwife's certificate, it is expected that training in midwifery for graduate nurses will be established under her direction. The development in this connection will be watched with great interest. The nursing program for the Warsaw School is thrillingly alive. It is contemplating the erection of a modern school building, while the extension of its hospital and public health field facilities for practical teaching, and the creation of a qualified and stable teaching staff, while the development of training centers for the young graduates in both hospital and public health field are all claiming attention. Simultaneously with the enlarging program and strengthening process observed in this school, we find those at Cracow and Poznan also in a state of progressive development.

Polish Recognition

HELEN L. BRIDGE, American Red Cross Nurse, Director of the Warsaw School of Nursing, has received the Polish Gold Cross for Service. This is a very high decoration, given in recognition of personal service to the Polish people and country.

Julia Wolski, American Red Cross Nurse, who was associated with Miss Bridge, as Assistant Director of the School, and who is of Polish descent, was awarded the Silver Cross of the same Order.

Some Results of Jane A. Delano Birthday Services

AS a result of the observances of the Jane A. Delano Birthday, reports of meetings from the eastern territory are arriving. New Jersey, Massachusetts and elsewhere held these under District supervision. One of the most interesting manifestations has been the contributions of original papers, playlets and pageants written by students. We wish that space were available for printing them, for they have all possessed great merit. Even in the preparation of a program of such serious nature as memorial birthday services, occasionally an amusing incident is noticed. For example, a student nurse, obviously distressed, reported to her instructor that she could find nothing in the libraries on "Roman Nurses," the subject which had been assigned to her. Investigation revealed that the subject really delegated to her had been "Enrollment of Nurses." Perhaps one of the most interesting results of this service has been shown in the increased enrollment through the Midwestern Branch Office. In April, alone, 133 applicants were enrolled in the Red Cross Nursing Service.

Enrollments

REFERENCE to enrollments from the Midwestern Branch Office leads naturally to consideration of the total. At the end of the month of March, enrollments had reached 44,603. During the month of April 244 were enrolled, divided as follows: Eastern Area, 95; Midwestern Branch Office, 133; Pacific Branch Office, 16. Figures are always impressive, even though one cannot always visualize what they represent. Publicity and effort combined usually bring results. This has been borne out by the results of the special meetings that were held through the Midwestern territory. While our enrollment is very large, an analysis shows that approximately 17,500 are in the inactive status. Consequently we cannot abate our efforts in the least to increase the enrollment. The constantly occurring disasters, which like the poor seem to be always with us, indicate the importance of maintaining a very active enrollment, consequently we feel that we should not fail to enroll at least one hundred and fifty new nurses each

month. The enrollment for the month of April is probably the largest that has occurred in any one month since the war days.

Enrollments Annulled

THE enrollment of the following American Red Cross nurses has been annulled but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters and their return is requested when enrollment is annulled:

Mrs. Marie Bausher (nee Marie Forhan); Mary A. Bee; Katherine Frink Brockway; Mrs. Jennie E. Cartledge (nee Kendrick); Sara Detwiler; Mrs. Alberta Donaldson (nee Keller); Katherine F. Frey; Marguerite Hockerston; Mrs. Ella E. R. Jarka (nee Mrs. Ella Elizabeth Ramsey Wilson); Mrs. Wilda M. Kerr; Mary Eva King; Ebba Elizabeth Klarquist; Mrs. Charlotte Kostick (nee Keirl); Rose B. Leonard; Miriam Lewis; Sara Agnes Magin; Eleanor Beatrice Martin; Eleanor MacVicar Moodie; Jeva Janet Murray; Mrs. Elizabeth E. Norbeck (nee Elizabeth E. Feely); Erma Purdy; Mary Elizabeth Reed; Mrs. Margaret Richardson (nee Margaret Ryan); Madeline DeDales Roche.

Syphilis and Gonorrhea—Diseases of Youth

IN examination of the gonorrhea cases for males according to age, it is noted that there are few cases in any one year until the 14th and 15th years, and after that the number rises rapidly until the 22nd year, when it reaches its maximum. In females the number of cases is much higher from one to ten years than from 10 to 15. In the 15th year there is again a marked increase when the number of gonorrhea cases is three times the number in the 14th year and continues to rise until the 22nd year with the exception of the 21st year, when the number is one less than for the 20th year, which is of no statistical significance. The fact that the cases have increased so materially in the 14th year for boys and in the 15th year for girls indicates that at these ages there is some new factor operating in spreading these contagious diseases. Probably this new factor is due to sex promiscuity among adolescent youths. If the marked increase in the incidence of syphilis and gonorrhea at the beginning of puberty is due to sex promiscuity, then constructive measures for preventing the spread of these diseases, such as character building and training in sex hygiene must be given to the youths before they reach the age of 14. Sex education is for the protection of boys and girls and should be given before they are exposed to temptations. Failure in giving such instruction and developing the sense of social responsibility in adolescent youths places the responsibility for these infections upon parents, educators and society in general. The young people who have not had sex information imparted to them and have not had positive, dynamic and impelling reasons given for living in a way that will meet their approval years later are not immoral, if they have loose sex relationships, but rather unmoral.

—ALBERT PFEIFFER, Director, Division of Social Hygiene, New York State Department of Health, in "The New York State Program in Venereal Disease Control."

One Point of View

What It Means To Be a Student in Charity Hospital

By Miriam Bowman

Charity Hospital School of Nursing, New Orleans, La.

HAVING had some experience in another school, and being a Senior student nurse in Charity Hospital, about to join the ranks of the nurses' organizations, I feel myself in a position to point out some advantages of training in a school connected with a large general hospital, such as the Charity Hospital of New Orleans. I will attempt to make this subject clear by pointing out briefly five distinct advantages; they are as follows: First, size of hospital; second, the variety of its service; third, excellence of its teaching staff; fourth, its location; and fifth, its aims to develop spiritual qualities.

The size of the hospital is an advantage in that there are many patients among whom will be a goodly number having the same disease but, at the same time, showing different phases of the one general ailment. Thus the student nurse attains a more comprehensive understanding of the signs and symptoms, best methods used in treating the various types of the same disease and she is called upon to exercise her skill in the nursing practice; for example, a hospital like Charity, where there are in excess of 1,600 beds, has numerous cases of pneumonia, varying in physical findings and complications. There will be lobar pneumonia and bronchopneumonia; pneumonia that subsides by crisis and that which has no crisis; the kind that has pleurisy with effusion as a complication, and that which leaves a weakened heart as an aftermath. Different treatments are accorded the different types; namely, pneumonia contracted by the wee baby is, of course, treated differently from the hypostatic pneumonia of the bedridden aged. Among this large number of patients are found diseases and conditions entirely foreign to small hospitals.

The student nurse has full charge, under the direction of the doctor and supervisor, of the patients who are critically ill, while a student of an institution of a smaller type must give up these patients to the care of a graduate who is on special duty. True, the patients in wards are usually cared for by student nurses, but these are too few in number to get ample experience. Thus we see that a course pursued in a larger hospital has many advantages over that of a small school.

Secondly, in considering the variety of service, there is the outstanding advantage of patients being classified into distinct divisions, which keeps a student interested in the same branch until she acquires the necessary knowledge for giving intelligent service to that particular class of patients. This facilitates the accurate keeping of records of the student nurse and gains for her the opportunity to get experience in all divisions of medicine and surgery. Owing to the location and nature of this hospital, variety in disease becomes evident. Graduates of this school have been in contact with all types of diseases and need not be embarrassed when they meet with diseases of any form in any part of the world.

Thirdly, the teaching staff must of

necessity be one of superior ability. It consists of doctors, some of whom enjoy international fame, all well trained instructors. The student nurse coming in daily contact with men of prominence is largely benefited. Moreover, it is always possible for the school to select the best of lecturers from the Medical School, doctors who are active teachers.

Fourthly, in addition to the advantage of the geographic location, we are fortunate in being in a medical center, which means a teaching center. As such, this hospital attracts men of national reputation, and keeps in touch with the newest developments in medicine. The student nurse gathers much information from the visiting doctor who makes daily rounds and whom she accompanies, while he discusses the condition of the patient. The interne, whose work in behalf of the patient runs parallel with that of the nurse, often gives her valuable information. She also gets the benefit of experimental work carried on for medical students, hence we note that as a teaching center, it becomes the source of valuable information which privilege is enjoyed by few hospitals.

Before concluding, I would emphasize in way of a brief summary that the young woman about to graduate has achieved the ability to think more quickly and more clearly, and as a result to work rapidly and calmly, in addition to exercising good judgment at momentous periods. She has accustomed herself to assume serious responsibilities. Accordingly, she has had opportunities to bring out the best that is in her and to develop capacities that have been latent.

Lastly, and most important of all, training in such an institution, where such a multitude of humanity is struggling against the lowest ebbs of life, is bound to develop a spiritual element. Can a woman in her most tender years close her eyes and heart to what means most in life, as embodied in the virtues of faith, hope and charity? I believe she cannot if she is the type the school desires.

Beautiful phrases have been penned about the ideal Christian woman with her gentle touch and sympathetic heart as reflected in her countenance. What can be said of charity, the queen of virtues, the worthy name which crowns the main building of this hospital, and beneath its walls displays its meaning in full by those in constant attention to the poorest of the state? The words of S. Paul here find a fitting place:

"If I speak with the tongues of men and angels, and have not Charity, I become a sounding brass, or a tinkling cymbal, and if I should have prophesy and know all mysteries, and all knowledge, and have not Charity, I am nothing. Charity is patient, is kind; Charity envieth not; dealeth not perversely; is not puffed up: is not ambitious; seeketh not her own: thinketh no evil, but rejoiceth in the truth."

The Menace of the Biting Dog

THE eradication of rabies can be accomplished by two well-known methods, the muzzling of dogs and the Pasteur treatment. Rabies was entirely eradicated from Great Britain by excluding all dogs from entry into the country, and here as in Germany during the few years preceding the war, the simple method of enforcing the muzzling ordinance achieved brilliant results.

Dr. Williams, assistant director of the Bureau of Laboratories, is authority for the following statement: "After a small bite through clothing, practically no deaths have been reported. After a small bite over areas not richly provided with nerves, only an occasional death has been recorded; after other bites the deaths recorded have gradually increased, according to the site and intensity of the bite, but the average is estimated at 15 per cent. This risk may be very greatly reduced if the wounds can be thoroughly cauterized with concentrated fuming nitric acid within twenty-four hours of the bite. The specific treatment—the Pasteur vaccine—reduces the risk."

—Weekly Bulletin, N. Y. Dept. of Health.

The Harmon Association Annuity Plan

A COMMITTEE was created in January, 1927, by the Joint Boards of Directors of the three national organizations, composed of nurses and of representatives of the employers of nurses, to study the proposals of the Harmon Association for the Advancement of Nursing. The Committee has held two meetings in New York with representatives of the Harmon Association present, as well as other conferences and it has conducted considerable correspondence. Its findings are substantially as follows:

The Association was formed under the leadership of William E. Harmon who has had occasion to employ nurses over a period of years, and a group of public-spirited men and women associated with him, all of whom recognize the urgent need of some concerted action to provide care for members of the nursing profession no longer able to earn their living. The Harmon Association for the Advancement of Nursing was incorporated with a capital of $50,000 provided by Mr. Harmon to finance the organization until it shall become self-supporting. In pursuit of this purpose, the Harmon Association has entered into a contract with the Metropolitan Life Insurance Company in what is, in effect, a form of group insurance. It has been made quite clear that the project is a retirement plan only, and not a plan for systematic savings other than through the retirement annuity plan. It is a first step, admittedly incomplete and inadequate, but providing nevertheless a means of saving favorable to those nurses employed by such institutions as may contribute funds for their benefit.

All registered nurses[1] are eligible for membership in the Harmon Association for the Advancement of Nursing. The dues are one dollar a year. The nurse may then subscribe to the Retirement Plan, paying in the sum of not less than $5 a month. Her employer may also join the Harmon Association to which he pays a membership fee of one dollar for each one of his employes so enrolled, and he may then pay into the plan not less than $5 per month for each employe enrolled in the plan. The dues to the Harmon Association, of institutions and individuals, will be used to meet the administrative expenses of the Association.

It is estimated that if a nurse joins this Association at age 25 and remains until age 60, paying $5 per month, with her employer paying a like sum, that at 60 years of age for the remainder of her life, she will receive an annuity of $778.76. Members may retire at an earlier age, receiving smaller annuities. Those retiring at a later age may receive proportionately larger annuities. It is anticipated that these annuities will be substantially increased for those remaining in to age 60, owing to the withdrawals from the contract.

The plan provides that if a nurse having joined, leaves the service of that employer but remains in the nursing profession, she will have the benefit of all deposits which the employer has made for her up to that time, and those made by future employers, provided she does not withdraw her personal deposits before retirement age. If, in addition to leaving the service of her employer, she also leaves the profession before she has been a member for at least ten years, she will receive credit for the deposits which she, herself, has made. She will lose those which her employer has been making on her behalf, which sums will go to increase the annuities of members who remain in the Association until the retirement age. She will receive the amount of her own deposits in full, in cash. If a nurse leaves the service of a depositing employer and also

[1] See prospectus of Harmon Association.

the nursing profession after being in the plan for ten years, she receives credit for the deposits which she has made and also for the deposits which her employer has made, provided she does not withdraw her deposits before retirement age.

Provision is made that should a subscribing member die before she begins to receive the retirement annuity, the full amount which the member has paid will be paid in cash to members of her family or relatives designated. Should death occur after retirement payments have begun, the beneficiary will get back the full amount of the member's deposits, less whatever sum has been paid to the member as a result of his own deposits. The amounts paid in by employers will revert to the general fund.

The fact that members receive no interest on their deposits in case of death or withdrawal, is an advantage to those who remain in the plan to retirement age. From the nurse's point of view it must be considered a disadvantage to the nurse who dies or is forced to withdraw. It is estimated by the insurance group that 75-80 per cent of those who enter will withdraw before retirement age. The plan also provides that all employes of institutions affiliated with the Harmon Association for the Advancement of Nursing who have paid one dollar per year membership, will be eligible for membership in the retirement plan. This at once makes the name a misnomer and much criticism has been forthcoming with relation to the name.

The plan contemplates, also, that through publicity accorded the plan, the interest of friends of nurses would be aroused so that funds in the form of endowments or gifts might be added to it, thereby increasing the fund and the size of annuities to those remaining in to retirement age.

Other forms of group insurance have been presented as parallel examples, as follows: The Teachers' Insurance and Annuity Association of America was incorporated by the Carnegie Foundation in 1918, with a capital and surplus of $1,000,000 following experimentation by the Carnegie Foundation covering a period of many years, and costing $21,000,000. The only point of similarity between this Association and the Harmon Association for the Advancement of Nursing appears to be that the college or university pays a like sum to that which the teacher pays toward a retirement fund. This Association carries on its own insurance business which offers insurance and annuities to teachers. It is a non-profit making organization, the income from the capital and surplus providing an income for the expenses of management, making substantial annual savings to the policy holders. The Association is governed by a Board of sixteen trustees, four of whom are chosen by the policy holders.

The Employees' Retirement Plan of the New York Stock Exchange and Related Companies, has also been submitted. These companies are all rich corporations engaged in money-making pursuits, while many of the employers of nurses are institutions and organizations depending upon gifts, endowments and charity funds for maintenance. It is based upon joint contributions by employer and employed. The effect upon salary and salary increases seems to be a debatable point. Some contend that the pensioner pays for his pension several times over through accepting a lesser salary.

The Presbyterian Board of Ministerial Relief and Sustentation is another new pension plan to provide for care of ministers and other servants of the church. The success of this depends upon having 4,000 churches participating and that $15,000,000 be raised. Already, over $9,000,000 has been secured

in cash and subscriptions. In the Episcopal Church, a fund of $6,500,000 has been raised from private contributions to a pension fund. Participating churches are to pay annually 7½ per cent of the rector's salary. Upon retirement, a definite per cent of his average salary will be paid to him for life. The Nurses' Pension Fund of England has also been presented. Since English nurses have always received lower salaries than American nurses and since English nurses, in institutions at least, are much less migratory than American nurses, that plan seems to offer no parallel.

None of these plans appears to be comparable to the plan of the Harmon Association. It is difficult to understand how the $50,000 which has been advanced by Mr. Harmon can even pay the initial organization expenses.

The employment of nurses rather naturally divides them into three groups, —nurses in institutional work, in public health nursing and in private duty nursing. It is estimated that private duty nurses comprise 75-80 per cent of all nurses. The very essence of the plan is that contributions shall be made by the employers of nurses, thereby duplicating the nurse's own deposits. The plan originally contemplated contributions by private employers at a fixed rate, but no practicable method of collecting this charge or gift has been devised, therefore it has been eliminated from the printed proposals of the Harmon Association.

From the very beginning of the Committee's study and discussion, the suggested collection of contributions from employers has been an embarrassment. Particularly is this true with relation to the private duty nurse, and the private duty nurse is perhaps the one who is in greatest need of systematic provision for retirement age. But embarrassment is not confined to the private duty group, for many hospitals and organizations employing nurses would hesitate and perhaps be totally unable to enter into such a plan. Many hospitals and other organizations depend upon endowments, city or state appropriations, community chests, etc., for revenue. Budgets including amounts for such contributions as these would be rejected or pressure would promptly be forthcoming from other groups. The Committee, therefore, believes that the number of nurses who may receive the full benefits of this plan is very small.

Any nurse may, however, avail herself of the offer of the Harmon Association and derive such income as will accrue to her from her own payments to the Metropolitan Life Insurance Company, quite independently of her employers. The plan offers a form of group insurance without physical examination. The purpose of the plan appears to be sound, and participation in it can be recommended to those to whom the particular provisions of the Metropolitan policy appeal more strongly than do other forms of savings. Nurses are urged to investigate the annuity policies offered by other insurance companies.

A campaign among nurses in the interests of systematic savings in general seems indicated. Since nurses are constantly moving from place to place, and since their employers change with great frequency in many instances, would it not be wiser for nurses to face the issue and assume individually the responsibility for working out their own annuity programs, expecting to receive in wages an amount sufficient to cover this item in their annual budgets?

The Harmon Association is serving as a factor to develop in coöperation with an insurance company (The Metropolitan) some plan for annuities for nurses which the nurses' associations themselves are, perhaps, not equipped to do.

If the endorsement of the nursing

organizations is to be secured, any plan must be so sound that the officers of the organizations can recommend to their members, without hesitation, not only the principle but the details of the plan.

1. Such a plan must not jeopardize the relation between the nurse and the public.
2. It should be available equally to nurses doing all types of nursing work.
3. It should provide, not merely a retirement fund at a definite age, but should safeguard to the individual nurse her payments into the plan as savings, with interest, if she be forced to withdraw before the retirement age.

A request has been received by the Committee from the Harmon Association for the appointment of a nurse to membership on the Board of Directors. This Committee is not authorized to appoint such a member, and the Committee feels, and has so voted, after careful study of this whole proposition, that it deems it inadvisable to recommend to the Board of Directors of the three national nursing organizations that such a representative be appointed at this time.

This statement has been prepared by Carrie M. Hall, by vote of the Committee at a meeting held in New York, April 25, 1927.

S. Lillian Clayton, Chairman,
Benjamin Rush,
Dr. Ellen Potter,
Jessie Turnbull,
Representing the A.N.A.

Mrs. Anne L. Hansen,
Mary Laird,
Mrs. J. M. Halstead,
Mrs. Chester Bolton,
Dr. Haven Emerson,
Malcolm Donald,
Representing the N.O.P.H.N.

Carrie M. Hall,
Marie Louis,
Bena Henderson,
Richard S. Russell,
Representing the N.L.N.E.

Founding of a Nurses' Home in Chile

THE Minister of Health and Social Welfare recently issued a decree for the institution of a Nurses' Home in Santiago.

The aim of this institution is to contribute to the moral and material welfare of graduate and other nurses recognized by the medical School of the University of Chile:

1. By bringing the nurses into closer touch with one another
2. By protecting the interests of the nursing profession
3. By doing all in its power to raise the standard of the nursing profession and to confer on it the dignity and social standing it enjoys in other countries
4. By facilitating the professional improvement of its members through the provision of a library and the organization of refresher courses, lectures, scholarships and study trips abroad
5. By founding a magazine to be called the *"Enfermera Moderna"* (The Modern Nurse)
6. By establishing a social centre to be known as the Nurses' Home
7. By creating an information bureau which will act as an employment office and will draw up rules governing the employment of nurses
8. By encouraging and facilitating saving and insurance on the part of the nurses
9. By establishing a code of nursing ethics.

The Nurses' Home will enjoy the privileges of a corporate body and will have three classes of members—honorary, contributing and active. Active members, who shall be nurses holding diplomas from the University of Chile or from other officially recognized schools, alone have the right to vote.

The institution will be managed by:

1. An advisory council composed of five honorary members elected for a period of two years
2. An executive committee composed of ten active members, also elected for a period of two years.

At the general meeting which will be held annually in July, the executive committee will present the report for the past year and will submit questions of general interest for discussion.

—*Bulletin, League of Red Cross Societies.*

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

China

To understand the lamentable incidents in China today, it is necessary to look back to the long story of the encroachments of the western powers upon Chinese territory and the tyranny of western money interests over her people. The Boxer uprising was the first violent effort China made to throw off this incubus. The "Chinese Students in America" tell the real story in their newest "Appeal to the American People":

"The civil war now going on is a struggle for national freedom, the same freedom for which America has waged two great wars, one against the degrading status of a colony, another against an economic system which rested upon human slavery. China, today, as America, is fighting for democracy, independence, unification, and reconstruction. . . . . China is fighting for civil rights as opposed to feudal dependence, for the improvement of the economic status of the great masses of people, who are today suffering from poverty so extreme as to be beyond the comprehension of the American people."

Senator Borah said at New Haven: "For nearly a hundred years China has been hobbled with signally unfair treaties. Her territory has been from time to time parceled out and her ports and trade controlled and dominated by foreign nations. Many years ago it became apparent that the Chinese were harboring a deep feeling of resentment against these conditions. They indicated their purpose to contest further encroachments and ultimately to be rid of those already established. Sixteen years ago, a revolution took place, and since that time the nationalistic spirit has strengthened and spread until now an entire nation seems, whatever its differences may be about other things, determined to be rid of foreign domination. Immediately the cry was raised that there was a Bolshevistic conspiracy, that Russia was at work stirring up trouble in China. It mattered little that the nationalistic movement long preceded the appearance of the Russian Revolution. I venture the opinion that had there never been a Russian revolution, the program in China would not have been materially different from what it has been and now is."

Grover Clark, editor of the Peking *Leader*, says (*New Republic*, April 20) that the extremists in China have been encouraged and the mob spirit strengthened by the political and military actions of the Great Powers. I think that to lay all the blame on Soviet Russia is too easy—it prevents comprehension. We must remember that even Jane Addams meets the same accusation.

Russia is helping China. Our government might have done more to help her. We may recall that French revolutionaries helped us in our War for Independence.

The deeds and actions of Western Powers have never harmonized with the teachings of religion. The Chinese are logical and writers have pointed out how the World War knocked out oriental beliefs in the sincerity of "Christians," when the exhibit was staged of "Christian" white races killing each other before the eyes of the world.

Sad and mistaken as some phases of revolution are, they are not permanent and I for one hope that the International Council of Nurses may meet in China and that we may go as guests, not as privileged persons under unfair treaty powers.

L. L. Dock,
Former Secretary, I. C. N.

Pennsylvania

In India

Since Conference in Lahore, I have been examining our school children. I say that "examine" advisedly, too, for on the first three schools, only, did I have the help of Dr. Kipp. After that I was alone. If you have ever tried to be doctor, dentist, nurse, optician, physical director, and dietitian, all in one, you know something of how I have felt. I examined eleven schools. This means about 922 examinations of girls and boys with some of our Bible women and servants thrown in. I tried to do as complete a physical as possible. . . . . You should see us when we turn dentist. Unfortunately for the little ones, the forceps have often to be used. You should see them take the instrument and work to loosen the teeth when three are growing where only one ought to be. I wonder how many of our little tots would come back to have three more teeth removed, when on the first two days, three had been taken out? That is just what one of our little fellows did and was one of the first to earn his 4 annas. We are asking them to earn the money for the examinations. This year each school paid

this amount for each child examined. An anna is about two cents in American money. The loveliest times I have had are those when the little ones gather around to watch the work being done. You would love to hear them jabber and chatter away as they watch the procedure and finally make their own examinations and bring the children to me to tell me which ones ought to come out. It is a great help to have them there when the teeth are to be pulled. One holds the head, another holds the hands assuring her that it will not be so terribly bad, while yet another perhaps wipes the tears away that just will sometimes come, no matter how hard she tries to keep them back, and how hard they do try! We are now planning our first school nurses' institute for the school nurses of northern India. It means considerable work to get the material into the Urdu language, but it will be worth while.

Tilaunia J. C. F.

Our Indians

I COULD not get along without the *Journal*, especially since I came out here in strict isolation. I find the work very interesting. There is a great need of good nursing among these helpless, ignorant people. If there is anyone who would be interested in the welfare of these Indians, I am sure it will be highly appreciated. The school has no library, and good books and magazines are unheard of. A great many of the students are bright and alert in learning.

M. M. C.

Mohave City, Arizona.

From Lydia Anderson

AS it is impossible for Miss Anderson to respond individually to so many, she takes the opportunity of expressing through the pages of the *Journal*, her very great appreciation of all that was done for her at the dinner on April 27. Her gratitude is heartfelt and is due to all who came in such large numbers: to all the members of the Committee whose untiring work made the dinner such a success; to those who brought their tribute in loving words; to the pupils for their original songs; and to the very large number who responded to the request made, by sending cards with messages, many of which were in the beautiful book presented that evening, and many more that have since been sent in and placed in the book. Miss Anderson also wishes she might express how deeply she appreciates the starting of a fund in her name, and she hopes that fund may help toward preparing a coming instructor to 'carry on'."

Japan

KNOWING of your keen interest in nursing education in all countries, I am venturing to ask assistance in securing an instructor and supervisors for St. Luke's International Hospital, Tokyo, Japan.

In 1923 the sympathy of the American people for the Japanese was clearly demonstrated by their generous gift to the victims of the earthquake and I sincerely hope some qualified nurses will realize this splendid opportunity for service to the same people.

The object of St. Luke's School for Nurses is to raise the standard of nursing in Japan and give to its students the same type of instruction as that taught in accredited schools in America. Recently St. Luke's has been greatly strengthened by the coöperation of the Japanese Government,—receiving a request from the Minister of Education, Director of the Bureau of Hygiene, that the school of nursing be made a Semmon Gakko, or College of Nursing. They asked that nurses be trained there to fill, after graduation, executive and teaching positions in hospitals and nursing centers in Japan and that postgraduate courses in hospital administration and public health be given to graduates of other hospitals. St. Luke's has agreed to do this and the school has received its license from the Board of Education as a Semmon Gakko. Not only will this recognition advance the standing of the school and be a means of securing better student material, but it will also stimulate public interest and give better opportunities for the graduates. Concurring with this request from the Japanese Government, the Rockefeller Foundation has given an encouraging appropriation to assist in making the efforts of this school a reality.

Practically all of the theory will be given in Japanese by the staff of St. Luke's and professors selected by the Department of Education. The lectures and practical instruction in nursing technic, nutrition, hospital administration, and ethics will be the responsibility of the American instructors. To supplement the present staff, a competent instructor who has had teaching experience in an accredited school of nursing in this country and two graduate nurses, for the positions of medical and surgical supervisors, are needed. They will be required to study Japanese and remain for four years, as a shorter time would be of little use in this constructive period.

I shall be very glad to furnish details as to salary, expenses or any other information required and to arrange for personal interviews. As the positions must be filled by autumn I hope, with your assistance, to have some immediate response. I might add that Japan is an exceedingly attractive country in which to live and, in addition to this opportunity to be a real stimulus in the advancement of nursing in Japan, the nurse may have an experience delightful and interesting.

281 4th Ave., New York City.

—Alice C. St. John.

Principal, St. Luke's International Hospital School of Nursing.

Journals on Hand

Eleanor Hurd, Beverly Hospital, Beverly, Mass., has almost complete sets of the *Journal* for 1924, 1925, 1926, which she will be glad to send to anyone who will pay the postage. (Seven numbers are missing).

Ida L. Markell, East Brady, Clarion County, Pa., has the following copies of the *Journal* which she will send for the price of postage: 1916, July; 1917, December; 1920, all except January and July; 1921, January, and May through September; 1922, September, November, December; 1923, January through July; 1924, July through September.

Monument to Nurses Who Died in the Great War

HEADQUARTERS has received from France two handsome books describing a monument that has been raised by international subscription, "in memory of all the nurses, French and allied, who died on the Field of Honor—victims of their devotion."

The books, which are written in French, contain the names of the heroic nurses who gave their lives in the Great War, ranged under their native lands; a photograph of the monument at Reims which "guards piously in its archives the Golden Book of the noble women fallen on the Field of Honor; the names of the sculptor and architect; and a list of the representatives from the allied countries who constituted the Committee of Honor." Those from the United States are Mrs. Laurence V. Bénet, Mrs. Edith Wharton and Anne Morgan.

The ground for the monument was given by the city of Reims and the public inauguration took place in November, 1924, in the presence of the civil and military authorities and religious dignitaries of the city. Madame Juliette Adam, President of the Committee, wrote the following address, to be read at the inauguration.

"Reims is chosen for our monument because the number of victims there was larger than in all the other cities of the bombarded area.

At the first cannon shot from Alsace the mobilization of the nurses began, prepared as they were by the Red Cross, whose work we are glad to salute in the person of its noble President, General Pau. Also we salute the incomparable devotion of Madame Pau, of the Society for Relief of Wounded Soldiers, and the ladies representing the Union of Women of France and the Association of French Women.

More numerous in the larger cities, which could receive more wounded, the nurses at Reims were the greatest sufferers.

Our foreign Sisters hurried to our aid. We realize how the American nurses helped, giving incessant care and devotion to our wounded and theirs. We salute today Mme. Laurence Cox Bénet, who represents them on our Committee. We salute M. Coty, our most generous giver.

England, our first ally, mobilized mothers and sisters of the men who fought with ours; Portugal, Greece, Japan, Serbia, Roumania, Poland and the Czechs have sent us their nurses.

All these noble women have given immediate help to the combatants and the hope of a short or slow healing. All have left in the hearts of those who survived that horrible nightmare, the noble sentiment of gratitude." . . . . .

The nations whose nurses will thus be remembered are Belgium, France, Great Britain, South Africa, Australia, Canada, the United States, Greece, Italy, Japan, Poland, Portugal, Roumania, Russia and Serbia.

Questions

The editors will welcome questions and will endeavor to secure authoritative answers for them.

17. What is the generally accepted practice in hospitals,—

(a) regarding hours for special duty nurses and

(b) in regard to the payment for meals?

Answer.—(a) There is a general tendency to shorten hours. Some hospitals that have the twelve-hour system are attempting to shorten them still further. For day nurses this is done in several ways,—by permitting two hours off in the afternoon after the patient has passed the acute stage of his illness; actual shortening of the hours of continuous duty by giving the patients floor service at the times when a maximum number of nurses are on duty in the morning and evening. A half day, after two weeks of special duty, is arranged by some institutions.

(b) The general practice has been for hospitals to provide three meals per day which were charged to the patient.

In Cleveland, where 80 per cent of the private duty nurses are employed by the hospitals, an interesting experiment is now under way. Two of the hospitals will attempt to shorten hours to ten, the superintendents of nurses to be the judges of the advisability of the plan in relation to individual patients. In these hospitals, also, the specials will be allowed to collect the amount previously paid to the hospital for board, and to spend it where they please.

The Evanston Hospital, which had a commercial, (i.e., pay as you go) cafeteria for its help, found it so satisfactory that it opened the service to office and technical workers and to special nurses. At the same time it arranged for patients to pay their special nurses for their meals ($1.50 per day). The nurses now spend where they please and are much better satisfied, for they not only spend their own money but they have a real choice of food. The cafeteria is considered highly successful. It attracts patients' guests although this hospital has an unusually inviting guest dining-room.

18. What body fluid is replaced by drinking water?

Answer.—The matter of water drinking is of much importance. It is necessary that all the fluid given off from the body by lungs, skin and kidney be made up daily by an equal intake of fluid, or at least an amount that compensates for normal fluid elimination. This is, on the average, about 1,500 cubic centimeters a day. From two to four quarts of water should be taken, to make sure of making up for this loss. Any excess of water will merely be excreted, usually to the kidneys' advantage rather than their harm.

Sixty to seventy per cent of the body, by weight, is water; seventy-five per cent of the active organs, such as the brain, muscles and liver, is water. Ninety per cent of the plasma of the blood is water. The amount of water in the blood is constant and must be kept so. If not enough fluid is taken in, fluid is taken from the tissues, and the tissues and their fluid suffer accordingly, in order to keep the blood characteristics unchanged.

There is need of water in the body for a number of purposes. It is necessary for the purpose of keeping the blood fluid so that it will flow, carrying nutriment, waste, internal secretions, and other materials from one part to another. It is necessary in order to keep the cells normal and active. Protoplasm is semi-fluid. If the cells are too dry, chemical activity in them is lost. Water is necessary to provide the fluid base of all the moisture on mucous, serous and synovial membranes. It is also necessary to form perspiration to regulate temperature. Since the digestive juices and intestinal secretions are fluid, water is necessary in order to provide a fluid base for them. Nutrition could not go on unless there were enough fluid to make the food capable of absorption. Dissolved food, only, can be absorbed. There is less absorption on a dry diet. Finally, water is necessary to make fluid the waste in the intestinal tract, so that better elimination takes place.

—From "Hygiene" by Florence L. Meredith, M.D.

Ethical Problems

The Editor and the Committee on Ethical Standards will be glad to consider other solutions than those offered each month to the ethical problems submitted for discussion. They will welcome additional problems.

A QUESTION has come to the Committee on Ethical Standards on the question of "tipping."

Ten copies of a simple questionnaire were sent to representative women in forty-eight states. Replies have been received from thirty-one states, returning from one to many blanks, carrying reports from alumnæ and district associations and a few special letters; seventeen states made no reply.

In answer to the question: "Is 'tipping' among graduate nurses customary?" the majority of answers were in the negative. The following statements were made:

"I'm afraid it is, to some extent."

"Done to a certain extent, but is not customary."

"Not heard of except in two States."

"As it is a custom in some localities among some nurses, I believe that we should very definitely stand for its being stopped."

What is understood by this term "tipping"?

In general, tipping consists of the small coin given another person who has given some type of service for one. In some instances no definite service has been extended, but if one is going that way again, and because a custom has been established, it makes for an easier passage because there has been a silver lining.

The Pullman porter, the bell boy, the waiter, receive small salaries and the tips received bring the salary up to a fair or a good one. Checkers, in coat rooms, belong to an organization which pays them a salary and collects the tips, making a good salary for the "manager."

When we face our problem, it is distasteful to think of the public being called upon to supplement the nurse's salary and one resents the remark that it was necessary to tip the nurses in the hospital, for necessary services.

Candy, flowers, books, magazines, money, jewelry, wearables and chances on stock gambling have been extended to graduate nurses. These may have been a "remembrance," an "evidence of appreciation," or because of a desire for obtaining definite services thought to be unobtainable without the gift. These gifts have been received from the wealthy and the poor. They have been received during the "case," at the end of the nurse's services and at the next holiday season.

"It has always seemed to me that a nurse could not accept a tip without losing some of her self-respect."

"If money is handed to a nurse, she resents it, but if the same amount is included in her last check, she counts it as an 'appreciation,' and it is accepted."

"On the other hand, it would be most unfortunate if nurses made their patients feel that a gift were expected."

"Sometimes circumstances were such that nurses felt they could not refuse to accept a gift because of the sensitiveness of their patient."

"The acceptance of gratuities by nurses is absolutely wrong and until recently I had supposed the custom 'dead and gone.' Lately I have heard of student nurses receiving them, and it is just by such acts that nurses place themselves in the servant class. Think of a high-minded professional man or woman doing likewise, and where he would soon find himself!"

It is true and it is a pity that the many are judged by the few, but since it is true, why not direct the special instruction against it to the few?

The Remedy. "Keep hammering away at the principle, making clear that the wrong to the profession is great, but the wrong to the patient is also great, since the custom precludes the possibility of any patient's receiving the best care, except those who offer tips. Let the school be consistent in enforcing its rules and principles against the custom, and after awhile they may get somewhere."

"Wouldn't it be well for nursing organizations to give serious consideration to a more nearly adequate compensation for nursing services? It is, to be sure, true that *all* women workers must accept an inequality of remuneration; "equal-pay-for-equal-service" has never been urged sufficiently to bring about justice. Nursing which requires such close application, such long hours, such skilled technic and long years of preparation should be so compensated as to make it possible for the nurse to live a decent existence and to lay aside for, oftentimes premature, inability."

"Because there is much that is emotional and sentimental in connection with nursing, where the dear one is ill, it is rather natural that the person receiving these services at a time when the services are so desperately needed, would want to express his appreciation

in some special way to the person, who is more or less surrounded with a halo; and it is also natural, considering the type of woman called upon to meet this situation, young, inexperienced, with little background,—that she easily falls victim to the temptation and does not have the judgment to realise the odium associated with this practice. Therefore, since it is rather natural and easy for the custom to become established, we need to be alert to the danger and prevent it. It is for this reason we need to support the individual worker in her demand for adequate financial compensation and at the same time to be most energetic in educating her on ethical standards and most severe in maintaining these standards."

"Unfortunately it is the transgressors who are noticed and those following the highest ethical standards are passed over. Every lapse on the part of nurses renders our task for recognition just that much harder. It is almost impossible to get across to them what it means to the whole, where one fails."

The Danger of Frequent Personal and Clinical Examination of Breast Tumors

THE fact that seventy out of every one hundred persons who become afflicted with cancer will die from this disease, compels us to admit that the results from our present methods of treatment are not all that could be desired. However, much progress has been made in the past forty years. This has been brought about largely through the perfection of surgical procedures and more recently by the application of radiation. . . . . .

Mortality from cancer of the breast is second only to that of cancer of the uterus in the female. Considering the following facts, it ought to be one of the most favorable types of cancer for cure. It is discernible early, easily accessible, and susceptible to complete removal. Why then is the mortality from this type of malignancy so high? The answer is, that premature metastases have been established by massage. . . . . .

Let us take a hypothetical example. A woman discovers a "lump" in her breast. She has heard that this is a very serious thing and naturally becomes alarmed. She continually feels of this lump to make sure that it is there. Often she asks her husband, or one of her friends, to feel of it. This, of course, amounts to massage. After a time she goes to her physician, who makes a "thorough" examination. Certainly, if he does his duty, he advises immediate consultation of a surgeon, who in turn adds his palpation to the tumor. Thus we see that in the natural history of most breast tumors there is considerable handling before the lesion is removed, and often undiscernible metastases have been established while the patient is considered a favorable early case. . . . . .

It is evident that the unfavorable results obtained in the treatment of cancer of the breast are due to premature metastases. These, most probably, are brought about by excessive handling of the tumor by the patient and very often by a too vigorous examination by the physician.

—Burton T. Simpson, M.D., in *Campaign Notes of the American Society for the Control of Cancer*, December, 1925.

NEWS

[*Note.*—News items should be typed, if possible, double space, or written plainly. Great pains should be taken with proper names. A death notice should be checked in every detail, for accuracy, before being forwarded, and the sender's name should be attached. All news items should be sent to *The American Journal of Nursing*, 19 West Main St., Rochester, N. Y.]

The American Nurses' Association

Nurses Plan to Build up Funds for Grading Program

Every member of the American Nurses' Association will have an opportunity to contribute to the program of grading nursing schools as a result of the plan outlined at a recent meeting of the Nurses' Sub-committee for the Building up of Funds for the Grading Committee.

According to the program suggested, a letter will be sent to every nurse in the American Nurses' Association appealing for an individual contribution of $1. Should each nurse give this amount, the large sum of nearly $62,000 will be raised for the grading study. The desirable part about the plan is that although the amount contributed will be large, no individual nurse will be asked to bear a heavy financial burden.

Aid will also be sought from the nursing groups, the state, district and alumnae associations of the American Nurses' Association, the state and local leagues of Nursing Education and State and local public health nursing organizations which will not only be approached for immediate contributions for the support of the Grading Committee, but will be asked for five-year pledges as well. A big incentive for the work has been given by the National League of Nursing Education which has offered to lend $1,500 to finance the beginning of this project.

On the committee representing the American Nurses' Association are Mrs. Elsbeth Vaughan, Elizabeth Greener and Adda Eldredge. Representing the National League of Nursing Education are Carrie M. Hall, E. M. Lawler and Ada Belle McCleery, while Mrs. Anne L. Hansen, Katharine Tucker and Gertrude Bowling have been named by the National Organization for Public Health Nursing. Miss Hall is chairman and Miss Greener treasurer.

Additional intensive study was given the Harmon Plan for Annuities for Nurses when the Committee to Study the Plan held a meeting April 25 at Hotel Pennsylvania, New York. An important action was taken by the members in the motion passed that a statement be prepared setting forth the consensus of opinion of the committee on the Harmon Plan and its usefulness for members of the nursing profession, and that it be published in the *American Journal of Nursing* and in *Anagrams*. Members of the committee feel that the interest of nurses in annuities will be greatly increased as a result of the Harmon Foundation movement for the benefit of the nursing profession.

During the sessions of the Middle Atlantic Division the opportunity was seized for a meeting of the Committee to Consider the Amalgamation of the *American Journal of Nursing* and the *Public Health Nurse*. Members of this committee are making an exhaustive study to determine the type of nursing magazine that will best serve the varied interests of the nursing profession.

Advisory Council Will Convene at San Francisco

Deliberations of interest to nurses all over the country will take place June 4 at San Francisco, when a meeting of the Advisory Council of the American Nurses' Association will be held. The meeting was definitely called by S. Lillian Clayton, President, as soon as the responses from the states indicated that a quorum would be present.

Some of the important questions which will be considered include that of membership cards to indicate the relation of the individual nurse to the state and national association,

the matter of distributing dates of conventions so that national representatives may attend, and the connection between organization membership and re-registration in states where the latter is required.

It is felt too that it should be made easy for a nurse arriving in a new locality to find the officers of the district association in that community, so that she may associate herself at once with the nursing organization. The matter of transfer cards for use in moving from one state to another will also be considered, as will be the methods of organizing programs and round tables now in use with the view to seek some improvements in technic.

It is probable that questions which have been passed upon by the Revision Committee and the judgments given will be presented. The question of making the fiscal year of the associations correspond to the calendar year will also be considered.

Nurses' Relief Fund

REPORT FOR APRIL, 1927

Balance on hand, March 31, 1927	$ 26,722.78
Interest on bank balances	25.28
Sales of reprints	25.85
Interest on investments	340.00
Balance left from sale and purchase of securities	25.85
	$ 27,114.99

Contributions

Alabama: Dist. 2	70.00
Arizona: Dist. 1, $47; Dist. 2, $30; Dist. 5, $5	82.00
California: Dist. 5, $21; Dist. 9, $56; Dist. 10, $13; Dist. 18, $28; Dist. 22, $25	143.00
Colorado: Beth-El Hosp. Alum., Colorado Springs, $10; Longmont Hosp. Alum., Longmont, $6; individual members, $3	19.00
Connecticut: William Backus Hospital, Norwich	10.00
Kansas: Dist. 1	29.00
Maryland: The Church Home and Infirmary, Baltimore	50.00
Massachusetts: Union Hospital Alum., Fall River	15.00
Michigan: Highland Park General Hospital, $57; "A friend to sick nurses," $50; Houghton Dist., $22; Visiting Nurses' Assn., Detroit, $2; Battle Creek Sanitarium Alum., $4; Harper Hosp., Farrand Training School Alum., $32; Marquette Dist., $47; Muskegon, $2	216.00
Minnesota: Dist. 3, Asbury Hosp. Alum., $21; Eitel Hosp. Alum., $60; individual gifts, $27; Dist. 4, Ancker Hosp. Alum., $102.50; Mounds Park Hosp. Alum., $50; individual members, $3; Bethesda Hosp. Alum., $27	290.50
Missouri: Dist. 2, Mercy Hosp., Kansas City, 3 alumnae members, $3; Dist. 3, St. Louis, Missouri Baptist Sanitarium Alum., $34; St. Luke's Hosp. Alum., $4; St. Louis Baptist Hosp. Alum., $41; Dist. 4, Springfield Hosp. Alum., $15	97.00
Montana: Dist. 2	49.00
New York: Physicians' Hosp. Alum., Plattsburg, $10; Dist. 9, Samaritan Hosp. Alum., Troy, $50; Dist. 13, three individuals, $7; Dist. 14, Cumberland Hosp. Alum., Brooklyn, $10; Student body, Norwegian Lutheran Deaconess Home and Hosp., $10	87.00
Ohio: Dist. 2, $6; Dist. 8, $18; Dist. 12, $166.06	190.06
Oklahoma: Dist. 1, $31; Dist. 2, $7; Dist. 3, $10	48.00
Oregon: Dist. 1	50.00
South Carolina: State Nurses' Assn.	119.00
Texas: Dist. 12	11.00
Total receipts	$ 28,690.55

Disbursements

Paid to 150 applicants	$2,230.00	
Salaries	100.00	
Securities purchased	9,744.77	
Accrued interest on bonds purchased	147.50	
		12,222.27
Balance on hand April 30, 1927		$ 16,468.28
Farmers' Loan and Trust Company	$ 9,464.63	
National City Bank	5,980.16	
Bowery Savings Bank	1,023.49	
	$16,468.28	
Invested funds		116,475.87
		$132,944.15

The Isabel Hampton Robb Memorial Fund

REPORT TO MAY 9, 1927

Previously acknowledged	$31,761.07
Contributions	
Iowa: State Association	20.00
Massachusetts: Melrose Hospital Alum., $5; Newton Hospital Alum., $25	30.00
New York: Genesee Hosp. Alum., Rochester	10.00
Ohio: A physician, Massilon	15.00
Oklahoma: State Association	15.00
Rhode Island: State Association, $10; Newport Hosp. Alum., $5; St. Joseph's Hosp. Alum., Providence, $5	20.00
South Carolina: State Association	5.00
	$31,876.07

MARY M. RIDDLE, *Treasurer.*

Scholarship Awards for 1927-1928

Twenty-eight nurses sent in applications for scholarships. Of these, two were ineligible, one withdrew, one was transferred to the LaVerne Noyes Fund. The twenty-four whose papers were judged were from all parts of the country. Ten wish to prepare for administrative work; nine for teaching; five for public health. The eight who stood highest in the final rating were awarded scholarships. They are:

Lucy H. Beal, Boston (Peter Bent Brigham) Lelin B. Townsend, New York (Presbyterian, Chicago); Alice A. Weston, Boston (Peter Bent Brigham); B. Olive Hart, New Haven (Army School of Nursing); Gladys M. Liston, Omaha (Bishop Clarkson Memorial Hospital); Margene O. Faddis, Pasadena (Lakeside, Cleveland); Harriet J. Fort, New York (Mercy, Baltimore); Theone E. Bonney, Minneapolis (Evanston Hospital, Illinois).

The McIsaac Loan Fund

REPORT TO MAY 9, 1927

Balance, April 9, 1927	$ 951.42
Interest during April	.05
Loan made in 1922, repaid with interest	220.00
Contributions	
Iowa: State Association	35.00
New York: Genesee Hosp. Alum., Rochester	10.00
Ohio: A physician, Massilon	10.00
Rhode Island: State Association, $10; Newport Hosp. Alum., $5; St. Joseph's Hosp. Alum., Providence, $5	20.00
South Carolina: State Association	5.00
	$1,251.47

MARY M. RIDDLE, *Treasurer.*

Annual contributions to each fund are desired from alumnae, district and state associations. Checks should be made out separately and sent to the treasurer, Mary M. Riddle, care American Journal of Nursing, 19 West Main Street, Rochester, N. Y.

The Middle Atlantic Division

The second biennial convention of the Middle Atlantic Division was held at the Pennsylvania Hotel, New York, April 28 and 29.

General sessions were held mornings and afternoons and stimulating round tables on topics of interest to the private duty, public health and institutional groups.

Speakers of the general sessions were: Dr. Louis I. Harris, Health Commissioner of New York, who emphasized the importance of close affiliation in spirit among the private duty nurses, the hospital nurses and the public health nurses; and Dr. Nathan B. Van Etten, Chairman of the Committee on Nursing for the American Medical Association, who presented a stimulating paper which will be published later, in full, in the *Journal*. Judge Jane Norris addressed the general session on Friday morning while Dr. May Ayres Burgess, Director of the Committee on Grading of Nursing Schools, gave a most interesting discussion of the special problems brought out by the investigations of the Grading Committee. Many of the findings were demonstrated by graphs.

State Presidents' reports followed the report of Mrs. Anne L. Hansen, President of the Division. The following officers reported for their states: Delaware, Amelia Kornbau; District of Columbia, Gertrude H. Bowling; Maryland, Elsie Lawler; New York, Louise R. Sherwood; New Jersey, Anne E. Rece; Pennsylvania, Helen F. Greaney.

The session on "Organization" over which

Janet M. Geister, Director of the American Nurses' Association, presided brought forth interesting history of legislation in various states and the long struggle in many instances for improved standards in state laws for registration of nurses. The convention was well organized and the spirit of hospitality combined with the convenient arrangements of the round tables, general sessions and all meetings which were held at Headquarters, gave a maximum of pleasure with a minimum of effort to the attending delegates.

The social side of the convention included a banquet given on April 28, at which Alfred Martin of the Society of Ethical Culture was the speaker, and closed with a delightful reception and tea given at the Central Club for Nurses by the members of District 13.

A resolution was passed by the Association that an effort be made to arrange State meetings in sequence, in order that it might be possible for speakers from headquarters of the American Nurses' Association to be available for all such meetings. The Middle Atlantic Division appointed a special committee to work out this point.

The newly elected officers of the Association are: President, Jessie Turnbull, Pennsylvania; vice president, Carolyn E. Sparrow, Delaware; secretary, Gertrude H. Bowling, District of Columbia; treasurer, Martha Moore, New Jersey. Esther R. Entriken, state secretary from Pennsylvania, extended an invitation for the next convention. Philadelphia was decided upon as the meeting place.

MEMBERSHIP IN THE MIDDLE ATLANTIC DIVISION

	1926	1927	Gain
Delaware	114	122	8
District of Columbia	709	774	65
Maryland	1,327	1,396	69
New Jersey	1,510	1,758	248
New York	8,080	8,913	833
Pennsylvania	6,384	6,928	544
	18,124	19,891	1,767

The New England Division

The fifth biennial convention of the New England Division of the American Nurses' Association was held at the Biltmore Hotel, Providence, on April 27-29. With the exception of the first afternoon and evening, the weather was ideal, and there was a record attendance, the total registration being 647.

Wednesday morning was given to a business meeting of the Board and to registration. Sally Johnson, President, presided at the afternoon meeting. The first paper, Furthering the Creation of Central Schools, by Miss Goodrich, brought out the points that through a centralized system of nursing education the following advantages would accrue: (1) Greater assurance that each student would receive the accepted professional instruction; (2) Qualified instructors and adequate teaching facilities; (3) Required practical experience based upon Community needs; (4) Clearing of the present confusion as to the cost of nursing *service* and the cost of nursing *education*. The second paper, by Dr. May A. Burgess, was a masterly summarizing of the needs and desires expressed by individual doctors and nurses, gleaned from the questionnaires sent out by the Committee on the Grading of Schools of Nursing. Private Duty Nursing, by Miss Geister, struck many of the same notes sounded by Dr. Burgess.

The hall was filled to capacity for the evening session, when the Convention was greeted by the State, City and Hospital officials. The President's address visualized the nursing education of the past and of the future. The paper of the evening, The Place of the Nurse in Mental Hygiene, by Dr. Arthur H. Ruggles, stressed the fact that the mind and body cannot be treated as separate entities.

The Thursday morning round tables were heavily attended, and at the general meeting following, five-minute reports were received from each of the State Presidents. The remainder of the morning was given to papers on Teaching and Supervision of Student Nurses in the Yale School of Nursing. Margaret Tracy, instructor and surgical supervisor, made the points that adequate supervision must be democratic, stimulating and encouraging. Details of the plan of supervision in the wards were given by Miss Tracy, while Helen J. Hubbell elaborated upon the supervisory methods as applied to experience in diets and nutrition. Helena Stewart explained the method of instructing students, and the general organization of the teaching material offered by the out-patient department.

On Thursday afternoon, the members of the Association were guests at the Crawford Allen Hospital at East Greenwich, a branch of the Children's Orthopedic Department of the Rhode Island Hospital. A paper giving the history and principles of modern orthopedic care was read by Dr. Murray S. Danforth.

Mary S. Gardner presided at the evening

session on Thursday. Marion Rice of Simmons College discussed the factors to be considered in planning an affiliation in Public Health Nursing for student nurses from the point of view of (1) selection of the pupil, (2) time required, (3) experience offered, (4) supervision and instruction. Marie Donahoe, of the Community Health Association in Boston, spoke on Mental Health as a Part of Community Health.

On Friday the round tables held from 8:30 until 10 were very popular and brought out lively discussion. The general session opened at 10 with Mrs. Albert, of Fall River, presiding. The first paper, The Private Duty Nurse as a Power in the Community, by Dr. Halsey DeWolf of Providence, discussed the training and responsibilities of the private duty nurse from the point of view of a physician. Dr. Donald Gregg, of the Channing Sanitarium, gave a brief paper on the Care of the Psychiatric Patient in the Home, which was followed by one prepared by Sara E. Parsons, in which some of the problems of private duty nursing as seen from a Directory were very frankly discussed.

The Friday afternoon session opened with a paper on New Developments in the Red Cross Nursing Service, in which Ida Butler outlined the activities of the Red Cross during recent disasters and told of the plans going forward for relief in the Mississippi flood areas. A question box conducted by Carrie Hall brought more queries than could be discussed. The report of the tellers showed the following officers elected: President, Sally M. Johnson; vice president, Annie W. Goodrich; secretary, Mary McMahon; treasurer, Ednah A. Cameron.

An invitation from the Graduate Nurses' Association of Connecticut to hold the next biennial meeting in New Haven in 1929 was accepted. The Convention closed with a very informal banquet at the Hotel Biltmore.

The Northwestern Division

The biennial meeting of the Northwestern Division of the American Nurses' Association will be held in Portland, Oregon, June 13-14. Rose Festival, June 13-18. Nurses attending League meeting in California invited to stop over.

Army Nurse Corps

During the month of May, 1927, the following named members of the Army Nurse Corps were transferred to the stations indicated: To the station hospital, Fort Benning, Ga., 2nd Lieut. Helen V. Johnson; to the station hospital, Fort Bragg, N. C., 2nd Lieut. Agnes C. Hogan; to the station hospital, Fort Leavenworth, Kans., 2nd Lieuts. Catherine R. Anderson, Anamarie Koch; to Letterman General Hospital, San Francisco, Cal., 2nd Lieuts. Ray D. Landy, Ella M. Miller, Lenora Samuel; to the station hospital, Fort Monroe, Va., 1st Lieut. Nellie V. Close, 2nd Lieut. Clifton A. Grinnell; to the station hospital, Fort Sam Houston, Texas, 2nd Lieuts. Anna K. Reidelbach, Maude H. Littleton; to the station hospital, Fort Sheridan, Ill., Irene G. Truax; to Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Sara A. McLoughlin, Ellen Whelton; to the Philippine Department, 2nd Lieuts. Maybelle Mae Wells, Annie G. Fox, Elizabeth Michener, Bernice Jones, Margaret McM. Bell, Edna D. Umbach.

Six have been admitted to the Corps as 2nd Lieuts.

The following named are under orders for separation from the service: Frances Schreiner, Barbara L. Klassy, Olga Glomset, Margaret E. Geisel, May V. Miller, Luella G. MacDonald, Marselina Davidson.

First Lieut. Samantha C. Plummer, Chief Nurse, was retired from active service May 4, 1927. She is the second nurse to benefit under the Bill passed by Congress for the retirement of members of the Army Nurse Corps.

Julia C. Stimson,
Major, Superintendent, Army Nurse Corps.

Navy Nurse Corps

Report for April, 1927

Assignments: Seven.

Transfers: To Boston, Mass., Anna I. Cole, Chief Nurse; to Great Lakes, Ill., Anna P. Smith, Annie B. McPhail; to Guam, Irene Watson; to League Island, Pa., DeLyla G. Thorne, Chief Nurse, Sallie L. Vestal; to Mare Island, Calif., Margaret Ditmars, Isabel F. Lyday; to New York, Mary Moffett, Chief Nurse, Mary E. Noone, Anna F. Patten, Mabel G. Milks; to Norfolk, Va., Pharmacist's Mates' School, Margaret A. Morris, Thomasina Libbey; to San Diego, Calif., Mary F. Spencer, Mabel L. Powell, Chief Nurse; to U.S.S. Relief, Polly Frost, Grace B. Lally, Sigrid M. Holtan, Susan J. English, Della A. Killeen, Mary J. Miney, Louise Cooke; to Washington, D. C., Mildred R. Beat; to

Washington, D. C., Dispensary, Navy Department, Florence M. Vevia, Chief Nurse.

The following named nurses have been separated from the Service: Helen F. Hallet, Leobelle S. Wilfert, Estelle I. Williams, Hilda G. Nutter, Dorothy H. Wright.

J. Beatrice Bowman,
Superintendent, Navy Nurse Corps.

U. S. Public Health Service

Report of Nursing Service, April, 1927

Transfers: To Ellis Island, N. Y., Daisy Anderson; to Boston, Mass., Helene Bonner; to Portland, Maine, Florence Donoghue; to Stapleton, N. Y., Inez White; to Memphis, Tenn., Effie Taylor; to trachoma investigation, Ellen Morris.

Reinstatements: Alice Elliott, Willise Thomas Hill, Kathryn Gorman, Bertha June Perry.

Assignments: Six.

Lucy Minnigerode,
Superintendent of Nurses, U.S.P.H.S.

United States Veterans' Bureau

Report of Nursing Service, April, 1927

Assignments: Sixty-four.

Transfers: To Ft. Lyon, Colo., Anna K. Nelson; to Outwood, Ky., Katherine Woolf, Alma Wrigley; to Rutland Heights, Mass., Mary Miles; to Minneapolis, Minn., Nell Hanson, Minnie Hanson; to Jefferson Barracks, Mo., Matilda Fullerton; to Muskogee, Okla., Bess L. Petty; to Castle Point, N. Y., Matilda McCurdy; to Sunmount, N. Y., Agnes Hanrahan; to Ft. Snelling, Minn., Mary Ash, Helen Hendrix, Hemelia Ackland, Alvina Miller, Ruth Jondal, Loretta Keating, Kathryn Sweeney, Elva P. Reeve, Florence McIsaac, Anna M. Slorah, Augusta Peterson, Mary Kappes, Marcella Ratchford, Elizabeth Gott, Esther Gutzke, Hildegard Heiske, Hannah Johnson, Vera Unger, Anna Vorbeck, Blanche Erickson, Anna K. Steger, Alice Waters, Marie Faurre; to Regional Office, Dallas, Tex., Margaret Kennedy; to Des Moines, Iowa, Ethel Nunley.

Mary A. Hickey,
Superintendent of Nurses.

The Indian Bureau

Nurses who have been appointed to service with the Indian Bureau since January 1, 1927, are: To Albuquerque, N. M., Minnie Epstein; to Bishop, Cal., Nellie M. Boyd; to Canton Asylum, S. D., Edith A. Wilson; to Choctaw-Chickasaw, Okla., Helen Ballerstadt, Mary A. Becker; to Consolidated Chippewa, Minn., Isabel Gravelle; to Crow Creek, S. D., Alice V. Pereau; to Fort Mojave, Ariz., Matilda M. Cornelius; to Jicarilla, N. M., Josie E. Brown, Beatrice A. Kenny; to Northern Pueblos, N. M., Virginia J. Mooney, Rebecca V. Ohrt; to Rosebud, S. D., Clara B. Keim; to Sac and Fox, Iowa, Harriet D. DeBard; to Sells, Ariz., Florence V. Rambeau; to Shawnee, Okla., Alice Wood; to Uintah and Ouray, Utah, Edith L. Richardson.

Elinor D. Gehoe,
Field Director of Nurses, Indian Service.

The International Catholic Guild of Nurses

The annual convention will be held in the Civic Auditorium, Milwaukee, Wis., in connection with the Hospital Clinical Congress, beginning with a banquet, the evening of June 22.

On June 23, the program will be:

Morning Session.—Address of President, Lydia O'Shea; Casting the Nursing Curriculum into an Educational Mold, Sister Helen Jarrell; Planning, Equipment, Organization, Management and Procedure of the School of Nursing, Laura R. Logan; Round table conference.

Afternoon Session.—Round table, continued; Business Meeting.

Evening Session.—Progress, Plans and Ideals of The International Catholic Guild of Nurses, Rev. E. F. Garesche, S.J.; The Grading of Schools of Nursing, E. A. Fitzpatrick, Marquette University; Hourly and Group Nursing, Miss Anderson and Miss Walsh; The Group Insurance Plan for the Members of the International Catholic Guild of Nurses, Meta Pennock, Editor *Trained Nurse and Hospital Review.*

The International Catholic Guild of Nurses is making a special effort to increase its endowment fund for an International Headquarters. One method is by "the award of a trip to Europe," August 20 to September 26; another is by securing sustaining members (payment of $10 or more per year) or contributors (those who make one donation of $100 or more).

THE UNITED STATES CIVIL SERVICE COMMISSION announces an open competitive examination for the positions of trained nurse and for trained nurse psychiatric, to fill vacancies in the Panama Canal Service; also examination for graduate nurse (visiting duty). Full information may be obtained from the United States Civil Service Commission, Washington, D. C., or the secretary of the board of U. S. civil service examiners at the post office or customhouse in any city.

THE AMERICAN ASSOCIATION FOR THE STUDY OF THE FEEBLE-MINDED will hold its fifty-first annual meeting in Cincinnati, Ohio, at the Hotel Sinton, June 4-6.

THE AMERICAN HOSPITAL ASSOCIATION has appointed Lillian Kelm as director of its Personnel Bureau. Miss Kelm is a graduate of the Church Home and Infirmary, Baltimore, and has recently been Director of Nurses at the Burke Foundation, White Plains, N. Y.

Institutes and Special Courses

Florida: THE UNIVERSITY OF FLORIDA in coöperation with the Florida State Board of Examiners of Nurses will offer during the Summer Session, June 3 to August 5, three courses in nursing under the direction of Katharine J. Densford. These courses are: Administration in Schools of Nursing, Nursing Education, and Public Health Nursing. Election of other courses may be made in the various colleges of the University.

Georgia: Courses for nurses have been included in the summer school schedule of Emory University, June 14-July 20. They have been designed for private duty nurses who desire to improve their technic and bring their methods in line with the newer developments in medicine in pediatrics, nutrition and obstetrics, and for public health nurses who have not thus far been able to take up special training. An experienced public health nurse and leader has been engaged and a number of other contributions will make the course very attractive and worth while. Full information may be had from State Headquarters, 105 Forrest Ave., N. E., Atlanta, Ga. On July 14-15 there will be a special Health Conference to which doctors, health officers, nurses and all health workers are specially invited. National speakers are being sought to make this conference a great help and inspiration.

Illinois: Chicago.—The fifth annual institute for nurses will be conducted by the Illinois League of Nursing Education during the last two weeks of August, beginning Monday, August 15, and closing Friday, August 26. The program will be very complete and comprehensive, so that all nurses, regardless of the type of nursing in which they are interested, will find an abundance of material of great educational value. The course is especially planned for the busy graduate nurse who cannot give the time for a longer course of study. A short course of lectures will be given on the following subjects: Psychology, Principles of Teaching, Sociology and Effective Speaking. In addition, there will be a number of demonstrations and special lectures on nursing and health subjects. The clinical material of the great hospitals of the city is available to all nurses attending the Institute. The excursions to the hospitals are systematically arranged, and all the demonstrations in teaching, in new methods of treatment, and lectures in public health subjects are given by experts in the different fields of nursing and hospital education. Those desiring a program or any further information should write to May Kennedy, Director of Institute, 6400 Irving Park Blvd., Chicago.

Massachusetts: Cambridge.—THE MASSACHUSETTS INSTITUTE OF TECHNOLOGY announces a public health institute for health officers and other public health workers, July 5 to August 5. Information may be obtained from the Registrar.

Michigan: East Lansing.—What type of laundry equipment is best for a fifty-bed hospital? How are orderlies kept interested in their jobs? How are well-balanced menus maintained for training schools? What qualifications should we expect in a good department supervisor? These and many more questions of vital interest to nurses who are executives in hospitals will be answered at Michigan State College, during the course in Hospital Administration for Executive Nurses, June 20-29. To help to establish better coöperation between hospital boards and the working personnel of the institution, there will be a two-day conference for boards of directors and lay persons who are interested in hospital management. The course is being sponsored by the Michigan State Nurses' Association and Mary C. Wheeler, Executive Secretary, will be in charge.

Pennsylvania: Philadelphia.—TEMPLE UNIVERSITY announces the staff of lecturers for the summer course in Hospital and Institutional Management which will be held July

5 through August 13, as follows: Hon. William J. Ellis, Dr. George O'Hanlon, George H. Bedinger, M. F. Burlingame, Mrs. Mary C. Eden, D. Adams, Adéline Pippitt and Charles S. Pitcher, Director of the course.

Washington: Seattle.—The Department of Nursing Education of the University of Washington, through the Extension Service, is coöperating with the Washington State Graduate Nurses' Association, the League of Nursing Education and the State Public Health Nursing Organization in offering an Institute, August 1-5. The faculty will be: Carolyn E. Gray, lecturer in Nursing Education, Columbia University; Mrs. C. E. A. Winslow, Visiting Nurse Association, New Haven, Conn.; C. E. A. Winslow, Professor of Public Health, School of Nursing, Yale University; H. W. Hill, M.D., Professor of Public Health, University of British Columbia; John Weinzirl, Professor of Bacteriology, University of Washington, Director of the McDermott Foundation. In addition to the Institute, Miss Gray will give a course in Principles and Methods of Teaching Nursing in the last part of the regular summer school, July 21 to August 24. For further information write to Extension Service, University of Washington.

Commencements

IDAHO:

Boise.—ST. LUKE'S HOSPITAL, a class of nine, on May 7, with an address by Bishop Middleton S. Barnwell.

ILLINOIS:

Chicago.—THE SWEDISH COVENANT HOSPITAL, a class of sixteen, on May 24, with an address by S. A. Sacherson.

IOWA:

Des Moines.—THE IOWA METHODIST HOSPITAL, a class of twenty-five, on May 12, with addresses by Dr. D. J. Glomset and Professor J. P. Ryan.

MARYLAND:

Baltimore.—JOHNS HOPKINS HOSPITAL, a class of sixty-nine, on May 26, with an address by Mary Beard.

THE SINAI HOSPITAL, a class of eighteen, on May 11, with an address by Rabbi William Rosenau.

MINNESOTA:

Winona.—THE WINONA GENERAL HOSPITAL, a class of seven, on May 13, with an address by D. C. Alexander.

NEBRASKA:

Omaha.—THE METHODIST EPISCOPAL HOSPITAL, a class of twenty-three, on May 18, with an address by Rev. Bert L. Story.

NEW JERSEY:

Elizabeth.—THE ELIZABETH GENERAL HOSPITAL, a class of twenty-two, on May 12, with an address by Rev. Warren W. Giles.

NEW YORK:

Buffalo.—THE CHILDREN'S HOSPITAL, a class of fourteen, on June 9, with an address by Rev. Palsey Perkins.

THE BUFFALO CITY HOSPITAL, a class of seventy-nine, on June 1, with an address by Professor B. Marsh.

Lackawanna.—OUR LADY OF VICTORY HOSPITAL, a class of nineteen, on May 31, with an address by Rev. Mong Baker.

OHIO:

Cincinnati.—THE JEWISH HOSPITAL, a class of twenty-one, on May 26, with an address by Elmore Tauber, M.D.

Dayton.—THE MIAMI VALLEY HOSPITAL, a class of thirty, on May 11, with an address by Paul F. Bloomhardt.

PENNSYLVANIA:

Pittsburgh.—THE ALLEGHENY GENERAL HOSPITAL, a class of nineteen, on May 17, with an address by Lawrence Litchfield, M.D.

TENNESSEE:

Knoxville.—THE KNOXVILLE GENERAL HOSPITAL, a class of ten, on April 26, with an address by Joseph E. Avent, Ph.D.

WYOMING:

Cheyenne.—THE MEMORIAL HOSPITAL OF LARAMIE COUNTY, a class of four, on June 16, with an address by Arthur G. Crane, President of the University of Wyoming.

Wheatland.—THE WHEATLAND GENERAL HOSPITAL, a class of five, on May 10, with an address by Hon. J. B. Kendrick.

State Boards of Examiners

Delaware: The next Examination for Registration of Nurses will be held at 9 a. m., on Monday, June 6, at the Delaware Hospital, Wilmington. Mary A. Moran, Secretary, St. Luke's Homeopathic Hospital, Philadelphia, Pa.

LYDIA E. ANDERSON

Who has just completed seventeen years of unsung, but constructive service on the New York Board of Nurse Examiners.

State Associations

District of Columbia: Washington.—The March meeting of the DISTRICT LEAGUE OF NURSING EDUCATION was held at the Children's Hospital, March 24. Frederick William Wile made an interesting survey of the political life in Washington. The April meeting of the League was held at Walter Reed Hospital, April 28. The report from the chairman of the Central School showed most gratifying results. Dr. John A. Foote, author of State Board Questions for Nurses, gave the doctor's viewpoint as to the type of examination questions best suited for the average student.

Idaho: THE IDAHO STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting, May 3, at the Business and Professional Women's Club, Boise. The meeting was well attended and besides the routine business, it was voted to send a delegate to the meeting of the Northwest Section of the A.N.A. at Portland in June. The Relief Fund Committee reported the raising of thirty dollars for the National Fund. District 3 reported the opening of an official registry at Pocatello which so far had proved its usefulness. Dr. Albert J. Coates gave a very interesting address, with slides and X-ray pictures, on The Old and the New in Obstetrics. The following officers were elected: President, Helen A. Smith, Boise; vice presidents, Mrs. Gertrude Ansola, Pocatello, Gertrude Ackerman, Boise; secretary, Maime Watts, 510 W. Bannock St., Boise; treasurer, Jean Thomson, Boise. A banquet was held in the evening at the Owyhee Hotel. The Senior students of Mercy Hospital, St. Alphonsus Hospital, and St. Luke's Hospital attended as guests of District 2. Ethel Redfield, Commissioner of the Board

of Education, gave a very fine talk on The Strength of Education.

Iowa: The nursing profession in Iowa has been given a division in the State Board of Health with a director of Nursing Education; this will be in effect on July 1.

Kentucky: The twenty-first annual convention of the KENTUCKY STATE ASSOCIATION OF REGISTERED NURSES will be held June 1-3, at the Masonic Temple, Covington. On June 1, the opening session, and Private Duty; on June 2, Public Health Nursing, auto ride, country dinner and picnic; June 3, Nursing Education, business and election.

Michigan: THE MICHIGAN STATE NURSES' ASSOCIATION will hold its annual meeting in Marquette, June 15-17.

North Carolina: Members of the North Carolina nursing organizations are working for the establishment of a university school of nursing in Duke University, Durham. The State College for Women at Greensboro has now a combined course leading to a collegiate degree and the nursing diploma.

Ohio: THE OHIO STATE ASSOCIATION OF GRADUATE NURSES held its twenty-fourth annual meeting in Dayton, April 19-22.

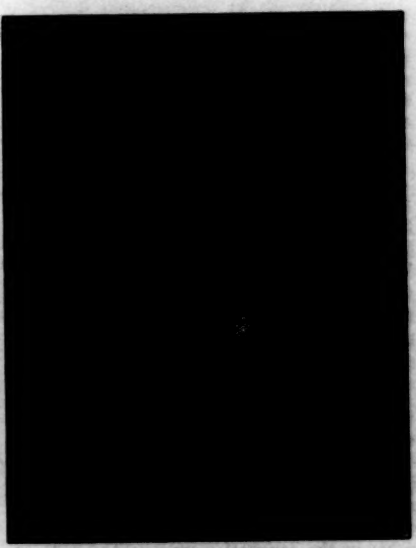
Five hundred and seventy-two nurses registered for the Convention. The members came from every District Association, which means from every part of Ohio. At the Advisory Council meeting, *April 19*, all the District Associations and practically all of the Alumnae Associations were represented. Miss Lorimer, President of the State Association, opened the meeting by giving a talk on the importance of knowing our nursing organizations from the Alumnae through to the International Council of Nurses. Mary M. Roberts, Editor of the *American Journal of Nursing*, gave a very interesting talk, showing how the *Journal* can best serve its readers. Those present were chagrined to learn that the great State of Ohio was again included in the thirty per cent class.

On *Wednesday morning, April 20*, the three Sections, Nursing Education, Private Duty and Public Health, met for their business sessions. The Section on Nursing Education adopted new rules and regulations, as did the Public Health Section. These three Sections made definite recommendations to the State Association regarding the program for the Joint Institute, which will be held some time during the early Fall. At 10 a. m. the Invocation was given by Bishop A. R. Clippinger, and Hon. Allen C. McDonald, Mayor of Dayton, gave the Address of Welcome. Dr. L. G. Bowers, President of the Ohio State Medical Association, brought greetings from that body. Mrs. Estelle C. Koch, of Cleveland, First Vice President, gave the response. She also introduced to the members of the Association V. Lota Lorimer, the President, whose Annual Address brought out the fact that every graduate registered nurse was a public health nurse and therefore her main interest should be to keep the people of the community up to the normal health line. The afternoon session was given over to the giving of reports by the officers, all Standing Committees and Section Chairmen. A talk on the *American Journal of Nursing* was given by Mollie Condon, of New York. At 3 p. m. Hon. Florence Allen, Judge of the Supreme Court, Columbus, gave an address on Our Heritage, bringing out the fact that nurses have a very unique position in the community and should take an active interest in law enforcement and the outlawry of war, and should make use of the right of suffrage. At 4 p. m. an automobile trip took members through the beautiful Hills and Dales Park, followed by a delightful tea at the Miami Valley Hospital Nurses' Home. Wednesday evening was given over to the American Red Cross. Augusta M. Condit, Chairman of the Red Cross Nursing Service for Ohio, brought out the importance of alumnae membership responsibility. The Dayton Plan of Teaching Home Hygiene and Care of the Sick was presented by three nurses; one working directly with the high school students; one as an industrial nurse; and another with Girl Scouts. A play entitled Taking the Picnic to the Shut-in was presented by eight high school girls. Dr. Thomas Green, of Washington, D. C., gave a stirring and delightful address on the Red Cross program. He paid a noble tribute to Jane A. Delano and her associates.

Thursday morning, April 21, was given over to Special Round Tables. These proved to be most interesting. Arrangements were made in advance to have these sessions reported by a public stenographer. The discussions will be included in the general minutes of the meeting and will be available for members should anyone be interested in securing a copy. At 10:30 a. m. Dr. A. B. Brower, of Dayton, spoke on Prevention and Relief of Nephritis. This address was followed by a paper on Nursing Care of Nephritis, given by Mrs. Ethel Metz Owens. At the afternoon session a splendid paper was given

on Utilizing Constructive Community Forces for the Development of Public Health Nursing by Anna S. Drake, Cincinnati. Gertrude Bush, of Toledo, opened the discussion. Marion G. Howell, of Cleveland, spoke on Personality as It Relates to Nursing. Professor F. D. Stutz gave an outstanding address on A Study in Personality. He brought out the important fact that it is possible for an adult to develop a pleasing personality.

Friday morning's session also proved a very excellent one. Nellie X. Hawkinson gave a very interesting paper on New Type of Examinations. Ruth Bridge opened the discussion. The papers on Problems of Affiliation, by Mrs. Estelle C. Koch and Gladys Sellew, of Cleveland, brought out many points, such as the importance of the home school knowing the physical condition of the student before sending her for her affiliation. One of the outstanding speakers of the afternoon was Mrs. Edith McClure Patterson, who is Chairman of the Division of Finance for the Ohio Federation of Women's Clubs. This address was on Thrift. Mrs. Patterson figures on the basis of $150 per month, and brought out the fact that women are the greatest purchasing power in the world and that thrift must be practiced by the women of the country if we are to make the proper distribution of time, energy, and income. The afternoon of the last day was given over to a general round table. Three-minute papers were given by the following: Nursing in Homes and in the Country, Augusta M. Condit; Why I Do Not Nurse in Homes, Ferne Young; Home Nursing from the Registrar's Standpoint, Mrs. Anna Creedon; Rural Home and Public Health Nursing, Mrs. Clara Lodwick, Linton; School Preparation for Home Nursing, Catherine Buckley; Modern Methods of Care of the Newborn Baby, Eleanor Daily; Value of Local Group District Meetings, Elsie Druggan; Establishing Summit County Nursing Headquarters, Celia Cranz; Ohio Registered—a Slogan for the Year, Caroline V. McKee; When, How and Where Shall I Retire? V. Lota Lorimer. These short papers, with interesting discussions following, were perhaps appreciated more by the members than any other part of the program. The closing business session followed, with reports by the Chairmen of Sections. These reports included the elected officers for the coming year; also recommendations and suggestions for the program for the next Joint Institute. Presentation of invitations for the next annual meeting were given. The members voted unanimously that it be held in Youngstown. The report of the tellers showed the following elected: President, V. Lota Lorimer, Lakewood; vice president, Mrs. Estelle C. Koch, Cleveland; secretary, Mrs. Lucille G. Kinnel, Columbus; treasurer, Marguerite E. Fagen, Cincinnati. Chairmen of Sections are: Educational, Clara F. Brouse, Akron; Private Duty, Mrs. Anna Creedon, Columbus; Public Health, Marion G. Howell. The convention was concluded with a banquet, after which Janet M. Geister, Director of the American Nurses' Association, gave a most interesting address on The Nurse and the Changing Order. The banquet was followed by a dance, the Dayton Medical Association and friends of the members being invited guests. Every nurse went home feeling that the twenty-fourth annual meeting of the Association was one of the most instructive, interesting and joyous occasions ever experienced.



NELLIE X. HAWKINSON, R.N., A.M.

Recently appointed Dean of the School of Nursing, Western Reserve University, Cleveland.

The Board of Trustees of the Ohio State Association takes pleasure in announcing the establishment of a Service Division in connection with the State Headquarters Office, Room 200, Hartman Theatre Building, Columbus. This Service Division will endeavor to serve all members of the Association, all other

registered nurses able to qualify for registration in Ohio, hospital schools of nursing, public health nursing organizations, and all other organizations wishing to engage nurses for any phase of nursing work. An application blank may be obtained from the General Secretary, Elizabeth P. August.

South Dakota: The South Dakota State Association of Graduate Nurses will hold its eleventh annual convention at Camp Wanzer in the Black Hills, June 21-23. Camp Wanzer is located seventeen miles from Rapid City, up Rapid Creek, and is one-half mile from Silver City. The members will be guests of the South Dakota Public Health Association.

Virginia: The twenty-seventh annual meeting of the Graduate Nurses' Association was held in Norfolk, May 3-5, at the Monticello Hotel, with an attendance of about two hundred. Routine business matters were acted upon, new business taken up, several enjoyable social affairs were given. The high lights in the convention were addresses by S. Lillian Clayton, President of the American Nurses' Association; Mary M. Roberts, Editor of the *American Journal of Nursing;* Dr. Samuel Mitchell of the University of Richmond; Katharine Tucker, of the Visiting Nurses' Association of Philadelphia; Dr. Mary Brydon, Director, Bureau of Child Welfare, Richmond; and Lucy Minnigerode, of the U. S. Public Health Service. A visit to the Naval Hospital, Portsmouth, was most inspiring. The Norfolk nurses were untiring in their efforts for all visiting nurses' welfare. Visits to the various hospitals of the city made one proud that Virginia has such schools of nursing. The next annual meeting will be held in Richmond. Martha V. Baylor of Roanoke is President; Lily W. Walker of Danville, secretary; Florence A. Bishop of Portsmouth, treasurer.

Washington: The Washington State Association will hold its annual meeting in Aberdeen, June 16-18.

West Virginia: The second issue of the State Bulletin, *Weather V Ane,* contains a notice of the State meeting to be held in Wheeling, in September, and other information of value to the members of the Association.

Wyoming: The annual meeting of the State Association, previously announced to be held in Cheyenne, will be held, instead, in Laramie, at the University of Wyoming, June 17 and 18.

District and Alumnae News

California: Pasadena.—District 22 participated actively in celebrating National Health Week. Store windows were dressed, nursing groups appeared on floats in the health parade, a radio talk was given by Caroline Knowles on The Preparation of the Nurse, and a very good pageant was presented, depicting the History of Nursing.

The Northern Local League of Nursing Education had for its subject at the April meeting, The Teaching of Obstetrics, ably handled by Helen Sparks and Mrs. Mabel Mackey.

Colorado: Colorado Springs.—The nurses of the Colorado Springs Association held their annual meeting, April 6, at the Elizabeth Inn. Officers elected are: President, Jessie Stewart; vice president, Berta Miller; recording secretary, Esther Carrothers; corresponding secretary, Esther Samuelson; treasurer, Agnes Musilek.

Florida: Tampa.—The Baysine Hospital Alumnae Association, which was recently formed, elected the following officers: President, Bess Koplin; vice presidents, Edna Hill, Mrs. Mattie Bell Mothershed; secretary, Wilhelmina Siegrist; treasurer, Zola M. Brewer.

Georgia: Albany.—An alumnae association has been organized by the graduates of the Phoebe Putney Memorial Hospital. **Atlanta.**—The First District held its April meeting on the 4th at the Georgia Baptist Hospital Nurses' Home, under the auspices of the Public Health Section. Addresses were given by Dr. F. F. Abercrombie, State Health Commissioner; Dr. J. P. Kennedy, Health Officer of Atlanta; and Dr. Joe Bowdoin, who made a plea for better care of mothers and infants. **Macon.**—The Third District held its bi-monthly meeting at the Macon Hospital Nurses' Home, with a Red Cross program. Dr. C. C. Harold was the main speaker. The sum of $118 was pledged for Headquarters expansion. The next meeting will be held at the State Sanatorium on June 4, with a Private Duty program.

Illinois: Elgin.—The Second District held its March meeting at the Nurses' Home of the Sherman Hospital. Plans for the state meeting, to be held in southern Illinois in the

fall, were discussed. A talk on Immigrants at Ellis Island was given by Rev. Mr. Burroughs who was detained there when he came to this country.

Iowa: Muscatine.—District 6 held its quarterly meeting April 21, at the Y. W. C. A., with an attendance of forty members. After the business meeting, Dr. Johnston gave a talk on Minimizing the Fear of Operation with the Laymen, and Dr. G. A. Sywasink gave a talk on Goitre, with a discussion by M. Matheson.

Massachusetts: Boston.—The regular meeting of the New England Industrial Nurses' Association was held on April 9, when Helen M. Hackett, Consultant in Public Health Nursing, gave a talk on May Day and the Summer Round-Up. Dr. Henry C. Marble was the speaker for the evening, topic, Sprains and Strains. **Brighton.**—The annual meeting of St. Elizabeth's Hospital Alumnae was held April 20. The following officers were elected: President, Mrs. Edward Cronin; vice president, Frances Murray; secretary, Margaret Conlon; treasurer, Mrs. James H. Devlin. Chairmen of committees are: Sick, Theresa Remmes; Entertainment, Mary Delaney; Publicity, Marguerite Oliver. **Jamaica Plain.**—The Emerson Hospital Alumnae raised $328 for the Alumnae Association relief fund by an entertainment given in April.

Michigan: Kalamazoo.—The Fairmount Hospital nurses were hostesses to the Kalamazoo District, at its regular monthly meeting. An interesting program on the treatment and results of tuberculosis, with demonstrations, was given by Dr. R. D. Thompson, medical superintendent.

New Hampshire: Manchester.—The annual meeting and banquet of the Elliot Hospital Alumnae was held May 4 at the Rice-Varick Hotel, with an attendance of forty-one. Members of the class of 1927 were guests. The first graduate of the school, Robina Thomson, was presented with flowers. Mabel Potter has been made a member of the State Federation Executive Board. The annual number of *The Bulletin* was distributed.

New Jersey: New Brunswick.—A meeting of District 4 was held at the Nurses' Home, St. Peter's Hospital, on May 5. Frederika Farley, of the Teaching Centre, American Red Cross, New York City, gave a most interesting address on the history and the work done by the Red Cross. Miss Creech, General Secretary of New Jersey, spoke on individual responsibility to the nursing profession.

New York: Brooklyn.—At the annual meeting of the Alumnae Association of the Long Island College Hospital School for Nurses, held on April 12, the following officers were elected: President, Mrs. Gertrude S. Wood; vice presidents, Mabel Kenney, Mrs. Ruth Marzullo; recording secretary, Sadie Penny; corresponding secretary, Angeline M. Frickel; treasurer, Mary R. Hatcherson. **Buffalo.**—District 1 held its annual meeting on May 18 at the Y. W. C. A. Building. The June meeting will be held at Niagara Falls. **Elmira.**—At the regular meeting of the Arnot-Ogden Hospital Alumnae, held on April 26, an interesting talk was given by Dr. Robinson of the Public Health Service. **Ithaca.**—District 5 held a meeting and banquet at the Bank Restaurant on April 17. Mrs. Durand told stories and Miss Woughter, Field Secretary, gave a most interesting talk. **Lackawanna.**—Our Lady of Victory Nurses' Alumnae held its annual meeting in April and elected: President, Catherine Sullivan; vice presidents, Mary Randall, Cecilia Saurs; secretary, Catherine Hennessey; treasurer, Catherine Roof. District 1 held its regular meeting on April 20 at the Y. W. C. A., with Rev. Dr. Holmes as speaker. **New York.**—Lola Yerkes, a graduate of Bellevue Hospital, has taken charge of the Social Service Department, succeeding Miss Wadley. The New York Hospital and its Alumnae Association celebrated the fiftieth anniversary of the founding of the School of Nursing by a service held in the Cathedral of St. John the Divine, on May 9. The annual meeting of St. Vincent's Hospital Alumnae Association was held in the Nurses' Home, May 2. The speaker was Elizabeth E. Golding, Director of American Nurses' Association. The following officers were elected: President, Helen J. Gorman; vice presidents, Bertha Steffens, Julia J. Gatten; secretary, G. M. A. Lambert; treasurer, Margaret Roe. **Rochester.**—District 2 held its April meeting at the Strong Memorial Hospital and enjoyed a talk from the State Executive Secretary, Mae Woughter. A decision was reached to register all classes of nurses at the Central Directory and to enlarge the governing board to include medical and lay members. The Highland Hospital School of Nursing Alumnae held its annual meeting in March and elected: Vice presidents, Irene Lange, Ambia Wood Kelso; secretary, Hilda B. Olsen; treasurer, Hazel M. Gates.

North Carolina: Asheville.—The regular

meeting of DISTRICT 1 was held on April 13. Miss Campbell, chairman of the Ways and Means Committee, reported that only a small amount needs to be raised to make the final payment on the "Club House lot." It was announced that a memorial service for Mary Rose Batterham would be held on May 4. Mrs. Beddinger who has been a missionary for many years, in Africa, spoke most interestingly of her work. The invitation from Miss Nell, Chief Nurse at Oteen, was accepted, for the next meeting to be held there on May 11. **Greenville.**—WILSON NURSES' ASSOCIATION DISTRICT met April 12, at the Rotary Club. Ursula Potts gave a very interesting report of the Council meeting held in Charlotte, January 17. A sum of $5 was donated to the Public Health Nurses' Scholarship Fund. Dr. Crisp of Hanesville, and Dr. Carley of Greenville, read interesting papers on The Application of Preventive Medicine in Nursing. The next meeting will be held in Tarboro.

Ohio: Cincinnati.—THE PUBLIC HEALTH SECTION of District 8 held a meeting on April 7 at the Emanuel Community House. Dr. C. H. Schott gave an illustrated talk on Mouth Hygiene. The May meeting, held on the 5th, had a report of the State meeting and election of officers. DISTRICT 8 held its annual meeting at the Good Samaritan Hospital April 25. The officers elected are: President, Mrs. Louise K. Tooker; vice presidents, Maude Silver, Anna Drake; secretary, Elizabeth Dooley; treasurer, Lillian Schroeder. The Glee Club of the JEWISH HOSPITAL SCHOOL OF NURSING presented The Feast of the Red Corn, an Indian operetta, to commemorate National Hospital Day, May 12. **Youngstown.**—On April 27 a general meeting of DISTRICT 3 was held at the Stambaugh Nurses' Home, Youngstown Hospital. Reports of the Ohio State meeting, which was held in Dayton, were given by various delegates.

Oregon: Portland.—THE GUILD OF ST. BARNABAS received fresh inspiration from the visit of Nellie M. Oxley, Executive Secretary. She spoke at a meeting of graduates and student nurses on April 4, at the Good Samaritan Hospital. Marion Crowe, of the Visiting Nurse Association, is arranging courses in Home Nursing for Girl Scouts.

Pennsylvania: Clearfield.—THE ALUMNAE ASSOCIATION OF THE CLEARFIELD HOSPITAL held its annual meeting on April 7, when the following officers were elected: President, Mae Cowdrick; vice presidents, Marvel Westover, Monojeane Kline; secretary, Mrs. Howard McKendrick; treasurer, Ouda Wilson. Money was raised for the endowment fund by means of a hope chest. **Philadelphia.**—The March meeting of the SAMARITAN HOSPITAL ALUMNAE was well attended. It was reported that the banquet in May would be held at the Bellevue. A committee was appointed to consider the subject of loan scholarships. Rev. Mr. Wilson gave an illustrated lecture on A Trip through the West. A special meeting was held on April 7 when the bills for the Diet Laboratory were presented. The Alumnae pledged $500 toward this. The laboratory is equipped and was inspected. The Alumnae charter was presented to the Association. It will be framed and hung in the Nurses' Home.

Tennessee: Knoxville.—The regular meeting of the KNOXVILLE REGISTERED NURSES' ASSOCIATION was held at the Y. W. C. A. on April 14. Elizabeth Killiffer read a paper on Education for Nurses; Montez Wayne discussed the Five-Year Program of the Grading Committee. Two members of each of the women's organizations of the city were invited and many attended the meeting, which was planned as a "get acquainted" one.

On April 17 and 18, the ALUMNAE ASSOCIATION OF THE KNOXVILLE GENERAL HOSPITAL School of Nursing celebrated its twenty-fifth anniversary with a "Home-coming." The program included an Easter evening church service which was attended by about sixty-five nurses in uniform. During the afternoon of April 18, a reception was given at the Nurses' Home in honor of the original staff and board members. The reception was accompanied by an interesting program opened by Rev. Mr. Stock. The speakers were Mrs. William C. McCoy of Chattanooga, First Secretary of the Regional Board, who gave a spicy account of the beginning of the hospital, the inspiration of its being built, the meetings, methods, efforts and conflicts in interesting the public and raising funds for the site and building; and Mrs. L. A. Warner, head of the Bureau of Extension at the University of Tennessee who discussed, "What the Knoxville General Hospital School of Nursing Has Done toward Nurses' Legislation in Tennessee." Seven members of the first Board and three of the first graduating class were present; practically every class was represented.

Texas: Galveston.—DISTRICT 6 entertained the classes of 1927 of the St. Mary's

Hospital and of the University of Texas (John Sealy Hospital) Schools of Nursing with a picnic at the summer camp of Dr. Andronis, May 14. Gladys Stephenson, on leave of absence after years of missionary work in China, spoke at the School of Nursing, University of Texas, April 2. Mrs. E. H. Vaughn, St. Louis, spoke at the John Sealy Hospital, May 10, on the organization of the American Red Cross and its functioning in the emergency and rehabilitation work in disaster. Agnes Jacobsen, active in Red Cross work in Texas, accompanied Mrs. Vaughn. THE ALUMNAE ASSOCIATION OF THE SCHOOL OF NURSING, University of Texas (John Sealy Hospital) held its annual Home-coming on May 30.

Washington: Tacoma.—The members of DISTRICT 3 find the study of Parliamentary Practice, that they have undertaken, very profitable and enjoyable. One hour of the regular monthly meeting is devoted to its study. On March 9, District 3 entertained Jane C. Allen, Director of the N.O.P.H.N., at a luncheon given at the Tacoma Hotel. All those present were delighted again to meet Miss Allen, who was a former director of the local public health nurses in Tacoma. She gave a very lively and instructive resumé on the plan of work at headquarters.

Wyoming: Cheyenne.—Anna G. Williams has resigned as Instructor at the Memorial Hospital of Laramie County to take charge of the new tuberculosis sanitarium at Basin.

Deaths

Edna Allen (class of 1905, Hackensack Hospital, Hackensack, N. J.) on April 17, after a lingering illness. Burial was at Port Washington, N. Y.

Olga M. Anderson (Swedish Hospital, Brooklyn, N. Y.) at Sternberg General Hospital, Manila, P. I., on April 14. Miss Anderson was a Second Lieutenant in the Army Nurse Corps, of which she had been a member since October, 1918.

Mrs. Stubblefield (Beaulah Buchteler, class of 1925, Springfield Baptist Hospital, Springfield, Mo.) on March 17, following a lingering illness. Miss Buchteler was married shortly after graduation, having done private duty nursing only a short time. She was popular and was loved by all who knew her. The members of the Fourth District attended her funeral in a body, six of them acting as bearers.

Lottie Pearl Carton (class of 1912, New York Post-Graduate Hospital) recently.

Mother M. Cephas, recently. Mother Cephas was Superior of Mercy Hospital, Cedar Rapids, Iowa, for six years, and in 1922 she was chosen Mother Superior of her community. She was an Honorary Member of the Alumnae Association of Mercy Hospital. She was a loyal and faithful worker, always ready to help. She will be greatly missed.

Christine Clarkson, whose death was noted briefly in the May *Journal*, was a splendid character, a woman of education and refinement, a friend writes. She had been both capable and efficient, but because of supersensitiveness, from deafness which had overtaken her during protracted illness, she had become shut in upon herself, largely because she feared being an annoyance to others, particularly to the younger generation.

Twila Dinger (a member of the U. S. Public Health Service) at U. S. Marine Hospital 7, Detroit, following an operation for gall stones. Miss Dinger was a most excellent nurse; she had endeared herself to patients and to hospital personnel. Her death is much regretted by the Service and by her associates.

Esther Burr Flagg (class of 1920, Hackensack Hospital, Hackensack, N. J.) on April 13, after a prolonged illness. Miss Flagg was a faithful worker, beloved by classmates and friends, who mourn her loss.

Eva L. Fortman (class of 1906, St. Joseph's Hospital, Denver, Colo.) on May 4, at Fitzsimons Hospital, Denver, after a long illness. Miss Fortman served overseas during the World War with Base Hospital No. 29.

Gertrude Hincher (class of 1905, Genesee Hospital, Rochester, N. Y.) on May 13, at the Frederick Ferris Thompson Hospital, Canandaigua, N. Y., of pneumonia. Miss Hincher was a faithful, devoted private duty nurse. She became ill while caring for a patient.

Margaret N. Jasinski (class of 1920, at St. Mary of Nazareth Hospital, Chicago) on April 3, at Clayton, New Mexico, after a long illness. Services were held in Chicago and were attended by students and alumnae members. Miss Jasinski had done special duty at Sts. Mary and Elizabeth Hospital where she was much loved by patients and other nurses for her capable and devoted care.

Annie F. Jestley (class of 1895, Manhattan State Hospital, New York) on April 8. Miss Jestley had been in the service of the State Hospital for nearly thirty-five years,—first as an attendant, then as a graduate nurse, supervisor, superintendent and matron. She had been ill for years but had stuck to her post with determination and courage. She is greatly missed by patients and fellow employes.

Mrs. Louis F. Phillips (Helen M. Keegan, class of 1921, St. Vincent's Hospital, New York) on April 11, at the Vassar Brothers Hospital, Poughkeepsie, N. Y., after many months of suffering. During her training days, Miss Keegan was one of the most popular and best loved members of her class and the qualities that made her so lovable to her associates in the hospital endured after she had finished training and endeared her to those whom she met while engaged in visiting nursing for the Metropolitan Life Insurance Company, in Passaic, New Jersey. She was with the Metropolitan until she was married in 1923. Mrs. Phillips will be greatly missed by her professional associates as well as by her many friends.

Isabel Van Riper (class of 1912, St. Mary's Hospital, Passaic, N. J.) on March 14, at St. Joseph's Hospital, Paterson, following an operation for appendicitis. Miss Van Riper was one of the first nurses in Paterson to enroll as a Red Cross nurse during the War. She served at Fort Oglethorpe and overseas. On her return, she became a school nurse. She is a great loss to her friends and to the community.

Anna L. Schultze (Moline Public Hospital, Moline, Ill.) at Station Hospital, Fort Sheridan, Ill., April 30. Miss Schultze was a Second Lieutenant in the Army Nurse Corps of which she had been a member since June, 1916.

Clara C. Van Winkle (class of 1907, New York Post-Graduate Hospital) on March 28, after a long illness with much suffering. Miss Van Winkle served overseas with Base Hospital No. 8. She was a member of the Jane A. Delano Post.

Mrs. Ernest Woods (Myra O. Wells, class of 1926, South Mississippi Infirmary, Hattiesburg, Miss.) on April 24, after several months of illness. During her few months of private duty, her gentle, lovable character and her efficiency were shown.

Margaret Zinker (a student of the Manhattan State Hospital, New York) on January 28. Mrs. Zinker had shown helpfulness and ambition during her time of training and her death is a shock to those who knew her.

What Is Dying?

I AM standing upon the seashore. A ship at my side spreads her white sails to the morning breeze and starts for the blue ocean. She is an object of beauty and strength and I stand and watch her until at length she hangs like a speck of white cloud just where the sea and sky come down to mingle with each other. Then some one at my side says: 'There, she's gone.'

"Gone where? Gone from my sight—that is all. She is just as large in mast and hull and spar as she was when she left my side and just as able to bear her load of living freight to the place of destination. Her diminished size is in me, not in her; and just at the moment when some one at my side says: 'There, she's gone' there are other eyes watching her coming and other voices ready to take up the glad shout, 'There, she comes!' and that is dying."

(Author unknown).

About Books

Child Health Demonstration — Mansfield and Richland County, Ohio. American Child Health Association, 370 Seventh Avenue, New York. Price, $1.

THE purpose of this, the first of the national child health demonstrations, is stated in the foreword to be a broader application of already accepted procedures, rather than experimentation in new types of health service, and the integration of all forms of child health work; namely, medical service, dental, nursing, nutrition, and health education, in a single program which could be readily understood by the people. The report gives a detailed account of the methods used in the development of the various services and the accomplishments of each.

At the opening of the Demonstration, in 1922, there were in Mansfield, two nurses doing bedside nursing, one part-time school nurse, and in the county, a nurse who had been employed by the Red Cross for a period of three months to make a survey of rural schools. Four years later, at the close of the Demonstration, the county and city together were being served by a director and fourteen staff nurses. A generalized nursing service had been developed, including a delivery service, available day and night. In 1926, complete responsibility for the nursing service was assumed by the community, the entire nursing staff being retained. An equally rapid and permanent growth is recorded in other divisions, chief among which are the establishment and continuation of twelve health centers and the development of a health-education program for the schools, under the direction of a full-time supervisor, financed by the Department of Education.

In an endeavor to measure accomplishment in a concrete way, the appraisal form of the Committee on Administrative Health Practice of the American Public Health Association was used. A rating was made of the health services being rendered in 1921, and at the end of 1925, when the Demonstration closed. Out of a possible score of 1,000 points, a rating of 329 was given in 1921, and of 715 in 1925. The greatest gains were made in the services contributing to prenatal, infant welfare, pre-school, and school hygiene. As an evidence of the extent to which the community had come to appreciate the value of health services, the expenditure for health work was increased from $18,980 in 1921, to $55,370 in 1926.

One of the unique accomplishments of the Demonstration was the development of the Blue Ribbon ideal, which set a definite standard by which to measure the health of children. This standard is defined as follows: A Blue Ribbon child has a normal mentality, has had all remedial physical defects corrected, has attained correct weight for height, practises good health habits, and is a good citizen, as evidenced by behavior in school. This ideal caught the imagination of the community. In the school year, 1923-24, 386 Blue Ribbons were awarded; in the year 1926, there were 3,673 Blue Ribbon children in the county, or 40 per cent of the elementary school enrollment. This project served not only to provide a common objective for all the health services, but it was readily understood by parents, teachers, and the children themselves.

This report should claim not only the interest but the careful study of all workers in the field of child health.

Abbie Roberts, R.N.

Nashville, Tenn.

A PRACTICE OF PHYSIOTHERAPY. By C. M. Sampson, M.D. 620 pages. Illustrated. The C. V. Mosby Co., St. Louis. Price, $8.50.

NURSES will find this a helpful reference book, even though it presupposes a much greater knowledge of physics than that which the average nurse possesses. Nevertheless, a careful reading of the chapters on the construction of the machines or apparatus used in each branch of physical therapy, will not only give her a comprehensive idea of how these forces are evolved, but also how to detect and correct many irregularities that may arise in their use.

At the very beginning of the book, the author wisely lays stress on two very important factors: First, a correct diagnosis, which can only be made after a thorough physical examination by a competent doctor; Second, proper technic, which is an absolute necessity, no matter what physical agent is used. Unless these two points are observed, the treatments will be nothing short of a hit or miss procedure.

The book roughly divides physical therapy into four groups, according to their effect upon the body: thermal, chemical, mechanical and electronic. Of course, these effects may be overlapping, as often electrical manipulations while primarily mechanical also have a more or less electronic effect. On the other hand, the same physical agents may be used for two distinctly different effects as well as for a combination of them; for instance, hydrotherapy may be mechanical, or thermal, or both.

Thermal, or the application of heat. This has three subdivisions. Let us quote:

Conductive—heat applied by contact or transmitted by conductors. *Convective*—heat from some source not in contact but thrown on to the body by radiation or carried to the body by currents of air. *Conversive*—is energy converted into heat in the tissues themselves.

This last, because of its very nature, is the method of choice in applying heat to the body. It is brought about by the use of the high frequency current. This is "an electrical current having such a high rate of alternations or oscillations that living tissues do not attempt to contract under each impulse." The type of treatment given by this agent depends upon the electrodes used to introduce the current into the body.

Mechanical—This from the physicist's viewpoint is the action of force on material bodies. The author takes up the discussion of static, galvanic, and faradic currents as used in therapy. Here he calls attention to polarity as being the therapeutic agent, while the particular form of treatment depends upon a continuous or interrupted flow of the current. If the polarity effect is not indicated, various forms of the sinusoidal currents may be used for their metabolic effect.

Chemical—The physical agent actually brings about a definite change in the composition of the tissues. Ultra-violet rays dominate this group. It must be borne in mind that they cover a wide range in the spectrum—from 360A° to 2000A°—and therefore different results are to be expected from the long and short waves.

Following an interesting discourse on biophysics, the action of x-rays is briefly considered. Here again we have such a marked difference in the effect of the long and short wave lengths that they appear as almost two distinct agents.

In the space devoted to the clinical application of these therapeutic agents, one cannot help being confronted by the author's repeated reference to himself. This phase of the subject would be more convincing if it had been more of a general symposium.

MYRA B. CONOVER, R.N.

Boston, Mass.

A MANUAL IN PRELIMINARY DIETETICS. By Maude A. Perry, B.Sc. 146 pages. The C. V. Mosby Co., St. Louis. Price, $1.25.

MISS PERRY has made it possible to do away with the method of having each student nurse make her own notebook, by furnishing all the material for the student nurse in her book, A Manual in Preliminary Dietetics. Miss Perry states that she prefers this method to the "self-taken" notes. In this way there can be no misunderstanding of facts.

Throughout the course, as given in this book, the processes of digestion and the functions of foods are plainly stated. The outline for each lesson is complete. The author must have had some reason for classifying only carbohydrate foods in the outline of lessons. We wish this reason had been stated in the preface. The recipes are given in such a way that the nurses can easily follow them and the charts stating the value of certain foods in one-gram amounts help to simplify the calculation of diets.

Undoubtedly more attention would be given in the first lesson to teaching the use of kitchen utensils and tray setting than is stated in the chapter.

One of the advantages of a book of this kind is that it is adaptable to a class of any size and any amount of time may be allowed for the training of student nurses. BERTHA M. WOOD.

East Northfield, Mass.

A PRIMER FOR DIABETIC PATIENTS. By Russell M. Wilder, M.D. Third edition. 126 pages, with 4 illustrations and many charts. W. B. Saunders Company, Philadelphia. Price, $1.50.

THE third edition of "A Primer for Diabetic Patients" gives fifteen more pages of information than does the second edition and sixty more than the first edition. This shows the steady increase of knowledge that has developed during these last six years since the Primer first made its appearance.

More information concerning Insulin, its use and complications, is given in this new edition, also a section on the preservation of water-packed fruit without sugar.

The planning of diets for illiterate patients is another interesting addition.

The sample diets and list of food equivalents will be greatly appreciated both by the nurse and the patient.

This edition furnishes all it is necessary for a nurse or patient to know concerning diabetes and every private duty nurse will find it invaluable if tucked into her bag when going on duty to care for a diabetic patient.

BERTHA M. WOOD,

East Northfield, Mass.

LEADERSHIP. A Manual in Conduct and Administration. By William Colby Rucker, M.D. 170 pages. The Macmillan Company, New York. Price, $2.25.

THIS little book is an interesting and helpful expression of the author's belief that "useful leadership is service in its highest form." It was prepared for use in the U. S. Public Health Service, a service in which Dr. Rucker has won distinction.

The book is commended, however, to all nurses who are interested in leadership, whether it be self-leadership (forty pages are devoted to this alone) or leadership in its broader sense. It may well be added to those books in daily use by teachers of that difficult and baffling, but fundamental subject, ethics.

OUTLINES OF COMMON SKIN DISEASES. By T. Casper Gilchrist, M.D. Illustrated. 54 pages. The Williams and Wilkins Company, Baltimore. Price, $1.50.

THE MEDICINE MAN. Being the Memoirs of Fifty Years of Medical Progress. By E. C. Dudley, M.D. Illustrated. 369 pages. J. H. Sears and Company, Inc., New York. Price, $3.50.

Our Contributors

Dr. Fred H. Heise is resident physician at the world-famous Trudeau Sanitarium. An article on the Nursing Care of Tuberculosis by Katharine G. Amberson, of the same institution, will appear in the July *Journal*. We are indebted to the National Tuberculosis League for friendly coöperation in securing these extremely valuable articles.

While not a new subject, the matter of Health Examinations will require frequent emphasis before the principle is firmly established. **Francis A. Faught, M.D.**, is a member of the Committee on Cancer Control of the Philadelphia County Medical Society.

The Treatment of Burns is a method used at Johns Hopkins Hospital, described by **Virginia M. Dunbar, R.N.**, who is Assistant Superintendent of Nurses.

Nurses who are familiar with **Dr. Jesse Feiring Williams'** "Personal Hygiene Applied," "Anatomy and Physiology," and "New Hygiene and Sanitation," will welcome his characteristically lucid presentation of the moot question, "Smoking by Women."

We hope that other supervisors will follow the example of **Margaret M. Tracy, R.N.**, in sending the *Journal* descriptions of new or adapted equipment and procedure. What proves useful in one situation may also prove so in another.

If nurses who have had extensive private duty experience with chronic cases can supplement the principles of such care as expressed by **Mildred Constantine, A.B., R.N.**, the editor will welcome suggestions. Miss Constantine is Director of the Nursing Service at Montifiore Hospital, New York City, one of the largest and best equipped hospitals in the country, for the care of the chronically ill.

The complete set of the *Journal* which is mentioned with pride by **E. Laura Lehman, R.N.**, Assistant Director, in her account of the Vanderbilt Nurses' Library, was not only collected but bound, through the years, by a private duty nurse who has found real happiness in binding books.

We know so many nurses worthy of a Conspicuous Service Award, that we gladly publish **Leonhard Felix Fuld's (Ph.D.)** account of Bellevue's method of granting recognition in the hope that it may prove stimulating.

It required much editorial persistence to secure the story of **Zuhne M. Taussin's (R.N.)** method of meeting some of the ethical problems that so frequently arise in private duty. She is a graduate of the School of St. Mary's Infirmary, Galveston, Texas.

Mrs. Ethel Parsons' (R.N.) story of modern nursing in Brazil presents a picture that many of the home schools would like to emulate,—a school planned to meet *all* the nursing needs of a community. It is unfortunate that our space does not permit tribute to the (North) American nurses who have helped Mrs. Parsons to "put in one stone" or to the splendid Brazilian women who are rapidly fitting themselves to replace them. Mrs. Parsons will, in time, resign her position as *Superintendente Geral do Servico de Enfirmeiras*, D.N.S.P. to one of the brilliant graduates of the school. The *Public Health Nurse* will publish a digest of the important health implications of this movement in a later issue.

Elizabeth M. Focht, R.N., writes of a "sure nuff" private duty experience. She will be remembered as the author of the delightful "Adventuring with Cooks" (*Journal*, January, 1925).

Edith Donaldson Monroe (Mrs. C. L.) is Chairman of the Training School Committee of the Millard Fillmore School in Buffalo.

Over a period of two years, and in two schools, **Shirley C. Titus, B.S., R.N.**, who is now director of the school of nursing at the University of Michigan, has worked in close coöperation with dietitians to perfect methods of teaching nutrition.

Sister M. Florina is Superintendent of the School of Nursing of St. Margaret's Hospital, Hammond, Indiana.

Official Directory

International Council of Nurses.—Headquarters secretary, Christiane Reimann, 1 Place du Lac, Geneva, Switzerland.

The American Journal of Nursing Company.—President, Bena M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, care American Journal of Nursing, 19 W. Main St., Rochester, N. Y. Sally Johnson, Boston; Stella M. Goostray, Philadelphia; Mrs. Elsbeth Vaughn, St. Louis; Elizabeth G. Fox, Washington, D. C. Headquarters and editorial office, 370 Seventh Ave., New York. Business office, 19 W. Main St., Rochester, N. Y.

Committee on the Grading of Nursing Schools.—Director, May Ayres Burgess, Ph.D., 370 Seventh Ave., New York.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston, 19, Mass. Headquarters Secretary, Janet M. Geister, 370 Seventh Ave., New York. Sections: **Private Duty**, Chairman, Vada G. Sampson, 1517 S. Van Ness Ave., Los Angeles, Calif. **Mental Hygiene**, Chairman, Effie J. Taylor, New Haven Hospital, New Haven, Conn. **Legislation**, Chairman, A. Louise Dietrich, 1001 E. Nevada St., El Paso, Tex. **Government Nursing Service Section**, Chairman, Lucy Minnigerode, U. S. Public Health Nursing Service, Washington, D. C. **Relief Fund Committee**, Chairman, Mrs. Janette F. Peterson, 680 South Marengo Ave., Pasadena, Cal. **Revision Committee**, Chairman, Dora M. Cornelius, 148 Summit Ave., St. Paul, Minn.

The National League of Nursing Education.—Headquarters, 370 Seventh Ave., New York. President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston, Mass. Sec., Ada Belle McCleery, Evanston Hospital, Evanston, Ill. Treas., Marian Rottman, Bellevue Hospital, New York. Executive secretary, Blanche Pfefferkorn, 370 7th Ave., New York.

The National Organization for Public Health Nursing.—President, Mrs. Anne L. Hanson, 181 Franklin St., Buffalo, N. Y. Director, Jane C. Allen, 370 Seventh Ave., New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treas., Mary M. Riddle, care American Journal of Nursing, 19 W. Main St., Rochester, N. Y.

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Middle Atlantic Division.—President, Jessie Turnbull, Elizabeth Steele Magee Hospital, Pittsburgh, Pa. Sec., Gertrude Bowling, Visiting Nurse Association, Washington, D. C.

Mid-West Division.—President, Adda Eldredge, State Board of Health, Madison, Wis. Sec., Mrs. Alma H. Scott, 309 State House, Indianapolis.

Northwestern Division, American Nurses' Association.—President, Grace Phelps, 616 Lovejoy St., Portland, Ore. Sec., Mayme Kube, Good Samaritan Hospital, Portland, Ore.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Indian Bureau.—Elnor D. Gregg, Field Director of Nurses, Office of the Medical Director, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C.

Department of Nursing Education, Teachers College, New York.—Director, Isabel M. Stewart, Teachers College, Columbia University.

State Associations of Nurses

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